## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # N9700003540  1. Entity Name EL CYCLON CONDOMINIUM ASSOCIATION, INC.				:0% I	Secretary of State 03-10-2008 90074 013 ****61.25			
248 WASHINGTON AVENUE		Mailing Address 248 WASHINGTON AVENUE MIAMI BEACH, FL 33139		4003	1811 1811 1811 1811 1811 8811 8811	<b>28</b> 1118		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3102 YELLOWPINE HELL		202				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008 Cr	ng-NP CR2E	E037 (12/06)		
City & State		City & State AUSTIN TX		4. FEI Number 65-108423	3	<b>→</b>	plied For Applicable	
Zip	Country	<sup>29</sup> 18757	Country	5. Certificate of St		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Add	ress of New Registere	ed Agent		
CURRAN, ROBERT 248 WASHINGTON AVE			Name  Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL				Silect Address (I.O. Dox Number is not Acceptable)				
			City		F	Zip Code	e	
	named entity submits this statement folions of registered agent.	or the purpose of changing its reg	jistered office or re	egistered agent, or both, in			and accept	
SIGNATURE .								
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: Rec	gistered Agent signature	required when reinstating)	DATI	E		
SIGNATURE.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be	Make che	eck payable to partment of St		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	Make che	eck payable to partment of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANT OF RIGHTS OFFICER OR DIRECTOR

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