

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 026 ****61.25

DOCUMENT # N98000001918

1. Entity Name
EL DORADO BAY CONDOMINIUM APARTMENTS, INC.



Principal Place of Business

500 NE 26TH STREET
MIAMI, FL 33137

Mailing Address

309 23RD STREET
300
MIAMI BEACH, FL 33139

40106675



04092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1725995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Griffin Realty, Inc.
2050 Coral Way, Suite #305
Miami, Fla. 33145

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JAN R. GRIFFIN, PRESIDENT

4/23/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELKOV, RAPHAEL
STREET ADDRESS 815 W. DILIDO DR
CITY-ST-ZIP MIAMI BCH, FL 33139

TITLE D
NAME LYNDON, SILVA
STREET ADDRESS 500 NE 26TH ST
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME BLUNTZER, CHRIS
STREET ADDRESS 500 NE 26TH ST
CITY-ST-ZIP MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 oath; 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAPHAEL BELKOV, PRESIDENT