2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002429

FILED Apr 03, 2006 Secretary of State

Entity Name: SEGOVIA STREET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14275 SW 142 AVEENUE 3110 SEGOVIA AVENUE

MIAMI, FL 33186 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

C/O ALHAMBRA PROPERTY MGMT C/O ALHAMBRA PROPERTY MGMT 95 MERRICK WAY, SUITE 500 P.O. BOX 431410 S MIAMI, FL 332431410 US CORAL GABLES, FL 33134

FEI Number: 65-0851488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIAY, CARLOS PA 10570 NW 27 ST #103 MIAMI, FL 33172

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

ERBAN, TOMAS Name: Name: 604 MALAGA AVE #C Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: NESSLER, MARK Name: MEYERS, JOYCE Address: 3110 SEGOVIA UNIT#3 Address: 3110 SEGOVIA UNIT #2 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: (X) Change () Addition KOLDENHOVEN, SHEILA O'CONNELL, BEATRICE K Name: Name: Address: 3110 SEGOVIA ST #2 Address: 602 MALAGA AVENUE #B City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE MARTINEZ PM04/03/2006