## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003709

FILED Jan 29, 2009 Secretary of State

Entity Nar	<b>ne:</b> 3006 AVI	ATION CONDOMINIUM ASSO	OCIATION, INC.	•	
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3006 AVIA SUITE 3B COCONU	TION AVE	33133			
Current M	ailing Addres	ss:	New Mailing Address:	:	
3006 AVIA SUITE 3B COCONU	TION AVE T GROVE, FL	33133			
FEI Number:	65-0866468	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
3006 AVIA SUITE 3B COCONU <sup>-</sup> The above	TION AVE  I GROVE, FL  named entity se of Florida.  RE:		purpose of changing its registered	office or registered agent, or both,	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD ( ) PAULA, BLACK 3006 AVIATION	) Delete		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	REISMANN, JE 3006 AVIATION	Delete ROME I AVE, SUITE 4B DVE, FL 33133	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	GALVEZ,, OSC 3006 AVIATION	) Delete AR M.D. I AVE, SUITE 4A DVE, FL 33133	Title: ( Name: Address: City-St-Zip:	)Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: PAULA BLACK TD 01/29/2009