

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003883

FILED
Apr 05, 2006
Secretary of State

Entity Name: MBCDC: CRESPI PARK APARTMENTS, INC.

Current Principal Place of Business:

945 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

945 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

945 PENNSYLVANIA AVENUE
2ND FLOOR
MIAMI BEACH, FL 33139

FEI Number: 31-1655567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DATORRE, ROBERTO
945 PENNSYLVANIA AVENUE
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: KENNEDY, KARL
Address: 945 PENNSYLVANIA AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: DATORE, ROBERTO
Address: 945 PENNSYLVANIA AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: AT () Delete
Name: WOOD, RICHARD
Address: 945 PENNSYLVANIA AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Delete
Name: POLANSKY, LINDA
Address: 945 PENNSYLVANIA AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MARTINEZ, LOUIS
Address: 945 PENNSYLVANIA AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD WOOD

AT

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date