

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90057 040 \*\*\*\*61.25

**DOCUMENT # N99000006952**

1. Entity Name

7911 CARLYLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9999 NE 2 AVE STE 216  
MIAMI SHORES FL 33138

Mailing Address

9999 NE 2 AVE STE 216  
MIAMI SHORES FL 33138

2. Principal Place of Business

7911 CARLYLE AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 4

City & State

MIAMI BEACH, FL

City & State

Zip

Zip

33141

Country

Country

4. FEI Number

65-1084357

Applied For

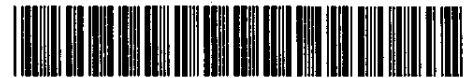
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

LOFFREDO, STEPHEN K  
9999 NE 2 AVE STE 216  
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JAHANSHAH, SHAHRAM  
STREET ADDRESS 7911 CARLYLE AVE UNIT 4  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE VD  
NAME RACZKOWSKI, LUCY  
STREET ADDRESS 7850 BRYON AVE APT 901  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE STD  
NAME MIKLUSKA, JOANNA U  
STREET ADDRESS 8255 ABOITE AVE APT 502  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
THE SAME

TITLE VD  
NAME HELNIK OREST  
STREET ADDRESS 7911 CARLYLE AVE #3  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

TITLE STD  
NAME  
STREET ADDRESS PODSIADLO STAWA  
CITY-ST-ZIP 7911 CARLYLE AVE #5  
MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Shahram Jahanshahi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

(305)-8670466

Daytime Phone #