

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90243 014 ****61.25

DOCUMENT # N99000006952

1. Entity Name

7911 CARLYLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7911 CARLYLE AVE
UNIT # 4
MIAMI BEACH FL 33141

Mailing Address

7911 CARLYLE AVE.
UNIT 4
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

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, 2006

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

TITLE V ☒ Delete
NAME OREST, HELNSK
STREET ADDRESS 7911 CARLYLE AVE # 3
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE STD ☐ Delete
NAME SLAWA, PADSIADLO
STREET ADDRESS 7911 CARLYLE AVE # 5
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V ☒ Change ☐ Addition
NAME LUCY RACIKOWSKI
STREET ADDRESS 7850 BYRON AVE #901
CITY-ST-ZIP MIAMI BEACH, FL 33141

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Shahram Jahanshahi* SHAHRAM JAHANSHAH 3/5/06 (305)-3036134