


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90341 041 ****61.25

DOCUMENT # N99000007097	
1. Entity Name 1455 MICHIGAN AVENUE OWNERS ASSOCIATION, INC.	

Principal Place of Business 1455 MICHIGAN AVE., NO.4 MIAMI BEACH, FL 33139	Mailing Address 1455 MICHIGAN AVE., NO.3 MIAMI BEACH, FL 33139 US
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2. Principal Place of Business 1455 Michigan Ave Suite, Apt. #, etc.	3. Mailing Address 309-23rd street Suite, Apt. #, etc. #3B
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City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139	Country U.S.A.

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0963922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAY, GARY L 1455 MICHIGAN AVE., NO. 3 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name REGATTA REAL ESTATE MGMT INC Street Address (P.O. Box Number is Not Acceptable) 309 - 23rd street STE #3B City MIAMI BEACH FL Zip Code 33139
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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 <u>Gary L Ray</u> GARY L. RAY	DATE 4-25-04
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, JOSE 1455 MICHIGAN AVENUE #7 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neil de Leon D.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1455 Michigan Ave #19 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAY, GARY L 1455 MICHIGAN AVENUE #3 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALDI, GABRIEL 1455 MICHIGAN AVE #13 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Gary L Ray</u> GARY L. RAY	DATE 4-25-04	561 966-8719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES.		