

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 22, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N99000007129 1. Entity Name OMNI CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 551 5TH AVENUE 34TH FLOOR NEW YORK, FL 10176	Mailing Address 551 5TH AVENUE 34TH FLOOR NEW YORK, FL 10176	
DO NOT WRITE IN THIS SPACE		
09082008 No Chg-NP CR2E037 (4/08)		
4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
DO NOT WRITE IN THIS SPACE		
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 only (if not applicable)	Mark S. Eppley Assistant Vice-President and Secretary	
09/08/08 DATE		
Filing Fee is \$81.25 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PENSON, ANDREW 551 5TH AVENUE, 34TH STREET NEW YORK, FL 10176	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD TEITELBAUM, MARK 551 5TH AVENUE, 34TH STREET NEW YORK, FL 10176	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GARGANO, MICHAEL 551 5TH AVENUE, 34TH STREET NEW YORK, FL 10176	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.		
SIGNATURE: ANDREW PENSON 9/8/08 (21) 692-5400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		