


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90038 016 \*\*\*\*61.25

<b>DOCUMENT # 751028</b>					
1. Entity Name <b>THE CORVETTE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7440 BYRON AVE. MIAMI BEACH, FL 33141</b>			Mailing Address <b>7440 BYRON AVE. MIAMI BEACH, FL 33141</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SORIANO, GLORIA 7440 BYRON AVENUE APT 9-B MIAMI BEACH, FL 33141</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISOLOGO, JUAN		NAME		
STREET ADDRESS	7440 BYRON AVE APT P-B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATORCEVIC, NEVENKA		NAME		
STREET ADDRESS	7430 BYRON AVE., 5-B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	MD-ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIANO, GLORIA		NAME	SORIANO GLORIA	
STREET ADDRESS	7440 BYRON AVENUE APT. 9-B		STREET ADDRESS	7440 BYRON AVE 9-B	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	M. BEACH FL 33141	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD FERNANDEZ SUSAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, SUSAN		NAME		
STREET ADDRESS	7430 BYRON AVE 17-A		STREET ADDRESS	7430 BYRON AVE 17-A	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	M. BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <u>Gloria Soriano</u>		<u>[Signature]</u>		<u>2-23-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



01082006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2179160** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**FL**