

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751028

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** THE CORVETTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7440 BYRON AVE.  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7440 BYRON AVE.  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 59-2179160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORIANO, GLORIA  
7440 BYRON AVENUE APT 9-B  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MATORCEVIC, NEVENKA  
Address: 7430 BYRON AVE., 5-B  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MDTD ( ) Delete  
Name: SORIANO, GLORIA  
Address: 7440 BYRON AVENUE APT. 9-B  
City-St-Zip: MIAMI BEACH, FL 33141

Title: PD ( ) Delete  
Name: FERNANDEZ, SUSAN  
Address: 7430 BYRON AVE 17-A  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: SUSAN, FERNANDEZ  
Address: 7430 BYRON AVE., 17-A  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MATILDE, ARBELAEZ  
Address: 7440 BYRON AVE 7-B  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Change (X) Addition  
Name: ADRIAN, NOYA  
Address: 7440 BYRON AVE 1-B  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA SORIANO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MDTD

04/03/2007

\_\_\_\_\_  
Date