
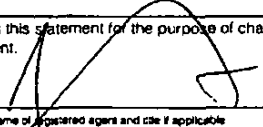
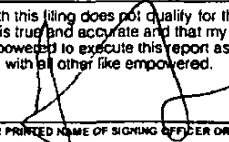


05-04-2007 90071 015 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012112 1. Entity Name GLEN CREST CONDOMINIUM ASSOCIATION INC.		
Principal Place of Business 9240 SUNSET DRIVE, #100 MIAMI, FL 33173		Mailing Address 9240 SUNSET DRIVE, #100 MIAMI, FL 33173
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 396 Alhambra Circle Suite, Apt. #, etc. 230
City & State Coral Gables FL		City & State Coral Gables FL
Zip 33134	Country USA	4. FEI Number 86-11600039
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent FERNANDEZ VALLE, MARIA 3750 N.W. 87TH AVENUE SUITE 100 DORAL, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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  <small>Signature, typed or printed name of registered agent and date if applicable</small>		DATE 4/23/07
Filing Fee is \$61.25 Due by May 1, 2007		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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD	NAME SANTANA, JONNY	TITLE
STREET ADDRESS 9240 SUNSET DRIVE, #100	CITY-ST-ZIP MIAMI, FL 33173	NAME
TITLE SD	NAME SAGARO, JUAN	TITLE
STREET ADDRESS 9240 SUNSET DRIVE, #100	CITY-ST-ZIP MIAMI, FL 33173	NAME
TITLE TD	NAME RODRIGUEZ, ALBERT	TITLE
STREET ADDRESS 9240 SUNSET DRIVE, #100	CITY-ST-ZIP MIAMI, FL 33173	NAME
TITLE 		TITLE
NAME 		NAME
STREET ADDRESS 		STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP
TITLE 		TITLE
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/23/07

66019090



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number **86-11600039** Applied For Not Applicable

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

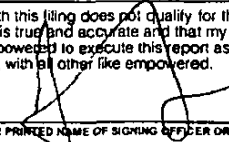
**Filing Fee is \$61.25
 Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SANTANA, JONNY	NAME	
STREET ADDRESS	9240 SUNSET DRIVE, #100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	SD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAGARO, JUAN	NAME	
STREET ADDRESS	9240 SUNSET DRIVE, #100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	TD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RODRIGUEZ, ALBERT	NAME	
STREET ADDRESS	9240 SUNSET DRIVE, #100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:  DATE: **4/23/07**