


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 026 ****70.00

DOCUMENT # 726519 1. Entity Name 7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7125 DICKENS AVE. #3 MIAMI BEACH, FL 33141		Mailing Address 7125 DICKENS AVE. #3 MIAMI BEACH, FL 33141			
2. Principal Place of Business - No P.O. Box # 7125 DICKENS AVE.		3. Mailing Address 7125 DICKENS AVE.			
Suite, Apt. #, etc. # 1		Suite, Apt. #, etc. # 1			
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA		4. FEI Number 65-0120999	
Zip 33141		Country USA		Applied For Not Applicable	
Zip 33141		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, JULIO A 7125 DICKENS AVE. #3 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name ARZAC, HUGO E. Street Address (P.O. Box Number is Not Acceptable) 7125 DICKENS AVENUE # 1 City MIAMI BEACH, FL Zip Code 33141	
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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 08/25/07	
Filing Fee is \$61.25 Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP ALVAREZ, JULIO A 7125 DICKENS AVE. MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARZAC, HUGO E. 7125 DICKENS AVE. #1 MIAMI BEACH, FL. 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP SILVA, PEDRO 7125 DICKENS AVE #6 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP EVA FELDMAN 7125 DICKENS AVE. #4 MIAMI BEACH, FL. 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARZAC, MARIA ROSA 7125 DICKENS AVE #1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SARA G. TROIANO 7125 DICKENS AVE. #5 MIAMI BEACH, FL. 33141	<input checked="" 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 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 a address, with all other like empowered.					
SIGNATURE: 				DATE 08/25/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE Daytime Phone #</small>	