
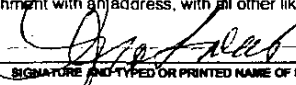


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90060 004 ****61.25

| | | | | | |
|--|----------------------------|---|---|---|--|
| DOCUMENT # 751028 | | | |  | |
| 1. Entity Name THE CORVETTE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7440 BYRON AVE. MIAMI BEACH, FL 33141 | | | Mailing Address 7440 BYRON AVE. MIAMI BEACH, FL 33141 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04052008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-2179160 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SORIANO, GLORIA 7440 BYRON AVENUE APT 9-B MIAMI BEACH, FL 33141 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | 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> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUSAN, FERNANDEZ | | NAME | | |
| STREET ADDRESS | 7430 BYRON AVE., 17-A | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | MDTD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SORIANO, GLORIA | | NAME | | |
| STREET ADDRESS | 7440 BYRON AVENUE APT. 9-B | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MATILDE, ARBELAEZ | | NAME | VIRGINIA MOLINARI | |
| STREET ADDRESS | 7440 BYRON AVE 7-B | | STREET ADDRESS | 7430 BYRON AVE APT 10-A | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | CITY-ST-ZIP | M. BEACH FL 33141 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADRIAN, NOYA | | NAME | | |
| STREET ADDRESS | 7440 BYRON AVE 1-B | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | 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 | | |
| 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:  | | Date: 4-5-08 | | Daytime Phone # | |