

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2009  
Secretary of State**

DOCUMENT# 751028

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: SUSAN, FERNANDEZ  
Address: 7430 BYRON AVE., 17-A  
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: MOLINARI, VIRGINIA  
Address: 7430 BYRON AVE., APT 10-A  
City-St-Zip: MIAMI BEACH, FL 33141

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: MATORSEVIC, NEVENKA  
Address: 9048 BYRON AVE  
City-St-Zip: SURFSIDE, FL 33141

Title: D (X) Change ( ) Addition  
Name: FORJAN, MANUEL  
Address: 3400 S.W. 75 CT  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify 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

MD

02/16/2009

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

\_\_\_\_\_  
Date