

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

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N08000004380

Entity Name: ARTECH RESIDENCES AT AVENTURA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18851 NE 29TH AVE SUITE 1011  
AVENTURA, FL 33180

**New Principal Place of Business:**

2950 NE 188 STREET  
ATT: MANAGEMENT OFFICE  
AVENTURA, FL 33180

**Current Mailing Address:**

18851 NE 29TH AVE SUITE 1011  
AVENTURA, FL 33180

**New Mailing Address:**

2950 NE 188 STREET  
ATT: MANAGEMENT OFFICE  
AVENTURA, FL 33180

FEI Number: 20-5597783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STIVELMAN, JACQUES C  
18851 NE 29TH AVE SUITE 1011  
AVENTURA, FL 33180 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: PD ( ) Delete  
Name: SCHMULIAN, MARC  
Address: 18851 NE 29TH AVE SUITE 1011  
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete  
Name: D'ASCOLA, FABIO  
Address: 18851 NE 29TH AVE SUITE 1011  
City-St-Zip: AVENTURA, FL 33180

Title: STD ( ) Delete  
Name: ADREANI, GIAN-MARCEL  
Address: 18851 NE 29TH AVE SUITE 1011  
City-St-Zip: AVENTURA, FL 33180

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

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

Title: VD (X) Change ( ) Addition  
Name: STIVELMAN, JACQUES C  
Address: 18851 NE 29TH AVE SUITE 1011  
City-St-Zip: AVENTURA, FL 33180

Title: STD (X) Change ( ) Addition  
Name: CHORON, RON  
Address: 18851 NE 29TH AVE SUITE 1011  
City-St-Zip: AVENTURA, FL 33180

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: JACQUES C STIVELMAN

VD

04/27/2009

Electronic Signature of Signing Officer or Director

Date