2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N99000007129

1. Entity Name
OMNI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
551 5TH AVENUE 34TH FLOOR NEW YORK, FL 10176	551 5TH AVENUE 34TH FLOOR NEW YORK, FL 10176

09082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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: [signature] Mark S. Eppley Assistant Vice-President and Secretary 09/08/08
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PENSON, ANDREW
STREET ADDRESS	551 5TH AVENUE, 34TH STEET
CITY-ST-ZIP	NEW YORK, FL 10176
TITLE	VSD
NAME	TEITELBAUM, MARK
STREET ADDRESS	551 5TH AVENUE, 34TH STEET
CITY-ST-ZIP	NEW YORK, FL 10176
TITLE	TD
NAME	GARGANO, MICHAEL
STREET ADDRESS	551 5TH AVENUE, 34TH STEET
CITY-ST-ZIP	NEW YORK, FL 10176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

09/23/08 01051 002
#61.25

DO NOT WRITE IN THIS SPACE

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: [signature] ANDREW PENSON 9/8/08 (212) 692-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS