


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 721043
 1. Entity Name
 COLLINS TOWERS ASSOCIATION, A CONDOMINIUM



Principal Place of Business: 720 COLLINS AVENUE, MIAMI BEACH, FL 33139
 Mailing Address: 720 COLLINS AVENUE, MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1416448	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RUTNIK, RONALD
 720 COLLINS AVE 304
 MIAMI BEACH, FL 33139

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ARMADA, ALBERTO
STREET ADDRESS	720 COLLINS AVE 601
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	LAZO, GEORGINA
STREET ADDRESS	720 COLLINS AVENUE #801
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P
NAME	GARCIA, EDEL
STREET ADDRESS	720 COLLINS AVE #205
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/18/08-80019-008 61.25

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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:  Edel Garcia - President 04/18/08 305-772-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #