FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90037 007 ****61.25

Paid By Check Number: 2413 - Paid Amount: $61.25
~~The Continental Group Inc.~~

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 729695

1. Entity Name
ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

40010870

Principal Place of Business	Mailing Address
5 ISLAND AVENUE MIAMI, FL 33139 US	5 ISLAND AVENUE MIAMI, FL 33139 US

DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1704505
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARS, GARY ESQ.
150 WEST FLAGLER STREET
SUITE 2701
MIAMI, FL 33130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

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	S
NAME	DECRADICO, PATRICIA
STREET ADDRESS	5 ISLAND AVE, # 11C
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	VAN SCHOYCH, AMY
STREET ADDRESS	5 ISLAND AVE, #3-C
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	HAYDIC, ERIC
STREET ADDRESS	5 ISLAND AVE, # 10-D
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	P
NAME	ZUR, THOMAS
STREET ADDRESS	5 ISLAND AVE,# 15-D
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	DECARO, BRANDAN
STREET ADDRESS	5 ISLAND AVE 7F
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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