

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729695

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: ISLAND TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5 ISLAND AVENUE  
MIAMI, FL 33139 US

**New Principal Place of Business:**

5 ISLAND AVENUE  
MANAGEMENT OFFICE  
MIAMI, FL 33139 US

**Current Mailing Address:**

5 ISLAND AVENUE  
MIAMI, FL 33139 US

**New Mailing Address:**

5 ISLAND AVENUE  
MANAGEMENT OFFICE  
MIAMI, FL 33139 US

FEI Number: 59-1704505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARS, GARY ESQ.  
150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI, FL 33130 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: S ( ) Delete  
Name: DECRADICO, PATRICIA  
Address: 5 ISLAND AVE, # 11C  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: VAN SCHOYCH, AMY  
Address: 5 ISLAND AVE, #3-C  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: HAYDIC, ERIC  
Address: 5 ISLAND AVE, # 10-D  
City-St-Zip: MIAMI, FL 33134

Title: P ( ) Delete  
Name: ZUR, THOMAS  
Address: 5 ISLAND AVE, # 15-D  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: DECARO, BRANDAN  
Address: 5 ISLAND AVE 7F  
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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

Title: D (X) Change ( ) Addition  
Name: ALFONSO, LOURDES  
Address: 5 ISLAND AVENUE #11J  
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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: WILLIAM GONZALEZ

MGR

01/29/2009

Electronic Signature of Signing Officer or Director

Date