


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90174 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760169

1. Corporation Name
NINE ISLAND AVENUE CONDOMINIUM ASSOCIATION, INC.

166031 90174 18

Principal Place of Business 9 ISLAND AVENUE, BELLE ISLE MIAMI BEACH FL 33139	Mailing Address 9 ISLAND AVENUE, BELLE ISLE MIAMI BEACH FL 33139
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/22/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2196288
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ROBERTS MANAGEMENT AND REALTY INC. 1840 NE 153RD STREET NORTH MIAMI BEACH FL 33162	10. Name and Address of New Registered Agent 81 Name Beckerrandra Poliakoff & Co. LTD. 82 Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive, Suite 100 83 84 City Miami FL 85 Zip Code 33126
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFIN, JOHN	1.2 NAME	
STREET ADDRESS	9 ISLAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, PHILIPP	2.2 NAME	
STREET ADDRESS	9 ISLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, KENNETH	3.2 NAME	BERENSON, LOUIS
STREET ADDRESS	9 ISLAND AVE.	3.3 STREET ADDRESS	9 ISLAND AVE.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSS, HAROLD	4.2 NAME	
STREET ADDRESS	9 ISLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, JOHN	5.2 NAME	
STREET ADDRESS	9 ISLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/11/99 DAYTIME PHONE #: (305) 672-1204

CR2E037 (11/98)