2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT #760169

Apr 07, 2006 8:00 am Secretary of State

FILED

1. Entity Nam NINE ISL INC.	RAND AVENUE CONDOMIN	IIUM ASSOCIATION			04-07-2006	5 90031 020	5 ****61	1.25
Principal Place of Business 9 ISLAND AVENUE, BELLE ISLE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139				-				
2. Principal P	flace of Business	3. Mailing Address			Birin Bryon 1979 Days			
Suite, Apt.	ø, etc.	Suite, Apt. #, etc.		03292006	Chg-NP	CR2E037	(11/05)	
City & State		City & State		4. FEI Numbo 59-219			<u> </u>	plied For Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add se Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New		<u>·</u>	
DECKED (POTAKOEE D.A		Name		-			
BECKER & POLĪAKOFF P.A. 5201 BLUE LAGOON DR. #100			Street Address		er is Not Acceptab	le)		
MIAMI, FL	33126							
			City			FL	Zip Code	9
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registered office of	r registered agent, or bo	th, in the State of F	lorida. I am far	miliar with,	and accept
SIGNATURE .				· · · · · · · · · · · · · · · · · · ·				
SIGNATURE	Signature, typed or printed name of registered agent	t and tale if applicable. (NOT	E: Registered Agent signe	ture required when reinstating)		DATE		
SIGNATURE	Signature, typed or prejed name of registered agent Stilling Fee 1s \$61.25 Due by May 1, 2006	an are a great	mpaign Financing	\$5.00 May E Added to Fees		DATE Make check porida Departm		
SIGNATURE	Filing Fee Is \$61.25	9. Election Car Trust Fund (mpaign Financing	\$5.00 May B		Make check porida Departn	nent of St	ate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May B	Flo	Make check porida Departm	nent of St	ate
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CTTY-ST-ZIP

MM SIGNATURE AND TYPES OR PRINTED HAME OF SIGN President NO OFFICER OR DIRECTOR

Delete

☐ Change

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