

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760169

FILED
Mar 14, 2008
Secretary of State

Entity Name: NINE ISLAND AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9 ISLAND AVENUE, BELLE ISLE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

9 ISLAND AVENUE, BELLE ISLE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2196288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF P.A.
5201 BLUE LAGOON DR.
#100
MIAMI, FL 33126 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: PD () Delete
Name: MARSHALL, GRETCHEN
Address: 9 ISLAND AVE.
City-St-Zip: MIAMI BCH, FL 33139

Title: VP () Delete
Name: RECICAR, JON
Address: 9 ISLAND AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: COZONIS, GEORGE
Address: 9 ISLAND AVE.
City-St-Zip: MIAMI BCH, FL 33139

Title: T () Delete
Name: SIEGEL, WILLIAM
Address: 9 ISLAND AVE
City-St-Zip: MIAMI BCH, FL 33139

Title: S () Delete
Name: MAXWELL, TOBY
Address: 9 ISLAND AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RECICAR, JON
Address: 9 ISLAND AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change () Addition
Name: COZONIS, GEORGE
Address: 9 ISLAND AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Change () Addition
Name: KLOPUKH, BORIS
Address: 9 ISLAND AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Change () Addition
Name: GROWALD, CHRISTOPHER
Address: 9 ISLAND AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: SIEGEL, WILLIAM
Address: 9 ISLAND AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: DONALD POLICE

PM

03/14/2008

Electronic Signature of Signing Officer or Director

_____ Date