

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90205 038 ****61.25

DOCUMENT # N05000009726

1. Entity Name
RIVE MARSEILLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1185 MARSEILLES DRIVE
MIAMI BEACH, FL 33141**

Mailing Address
**1185 MARSEILLES DRIVE
MIAMI BEACH, FL 33141**

40063881



2. Principal Place of Business

3. Mailing Address

501 Continental Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3250 Mary Street

04192006

Chg-NP

CR2E037 (11/05)

City & State

City & State

Coconut Grove Florida

4. FEI Number

Applied For

Not Applicable

20-3520307

Zip

Country

Zip

Country

33133

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAKER & CRONIG LLP
307 CONTINENTAL PLAZA 3250 MARY STREET
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **BERMAN, DANA J**
STREET ADDRESS **501 CONTINENTAL PLAZA 3250 MARY STREET**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VP** ☐ Delete
NAME **SUKOFF, IRA**
STREET ADDRESS **501 CONTINENTAL PLAZA 3250 MARY STREET**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **P** ☐ Delete
NAME **SCHWARTZ, DAREN**
STREET ADDRESS **501 CONTINENTAL PLAZA 3250 MARY STREET**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 #

April 24, 2006 **305 341-0600**