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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40412

1. Corporation Name

**2800 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

**2800 ISLAND BOULEVARD
AVENTURA FL 33160
US**

Mailing Address

**2800 ISLAND BOULEVARD
AVENTURA FL 33160
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/19/1990

4. FEI Number

65-0225764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BROOKS, JAN
2800 ISLAND BLVD - MANAGEMENT OFFICE
2ND FLOOR
N MIAMI BCH. FL 33160**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BROOKS, JAN
STREET ADDRESS 2800 ISLAND BLVD, #2205
CITY-ST-ZIP AVENTURA FL

TITLE VPD ☐ DELETE
NAME AGER, RONALD
STREET ADDRESS 2800 ISLAND BLVD., #2305
CITY-ST-ZIP AVENTURA FL

TITLE STD ☐ DELETE
NAME LIPSCHUTZ, FRANK
STREET ADDRESS 2800 ISLAND BLVD., #1905
CITY-ST-ZIP AVENTURA FL

TITLE D ☐ DELETE
NAME KRONRAD, AMELIA
STREET ADDRESS 2800 ISLAND BLVD., #2601
CITY-ST-ZIP AVENTURA FL

TITLE D ☐ DELETE
NAME WALDMAN, IRVING
STREET ADDRESS 2800 ISLAND BLVD, #706
CITY-ST-ZIP AVENTURA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

(35) 937-1094

Daytime Phone #

CR2E037 (11/98)