2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 8:00 am Secretary of State

	AMMOAL	KEFOKI		Se	ecretary o	t St	ate	
1. Entity Nam 2800 ISL	MENT # N40412 PAND BOULEVARD CONDO ATION, INC.	MINIUM			2-09-2004 90041 04			
Principal Place of Business 2800 ISLAND BOULEVARD AVENTURA, FL 33160 US		Mailing Address 2800 ISLAND BOULEVA AVENTURA, FL 33160		. (42)((5) \$() \$() \$()		. =(81) 8(8) 8/8	Es l eg 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212004 Cr	ng-NP CR2E03	7 (10/03)		
City & State		City & State		4. FEI Number 65-022576	65-0225764 Not Applicable			
Zip	Country	Zip	Country	=6.=Certificate of St	atus Desired —— 🔲 ——	8.75 Add	litional d	
	6. Name and Address of Current	Registered Agent		7, Name and Add	ress of New Registered A		<u> </u>	
PDOOKS			Name					
BROOKS, 2800 ISLA 2ND FLOO	ND BLVD - MANAGEMENT O	FICE	Street Add	ress (P.O. Box Number is 1	ss (P.O. Box Number is Not Acceptable)			
	3CH., FL 33160							
			City		FL	Zip Code	е	
	named entity submits this statement fo	gistered agent, or both, in		amiliar with,	and accept			
the obligat	tions of registered agent.	·						
SIGNATURE			•					
SIGNATORIE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2004		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 DIF	RECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	BROOKS; JAN 2800 ISLAND BLVD, #2205		NAME STREET ADDRESS					
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP					
TITLE .	SEC	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	AGER, RONALD 2800 ISLAND BLVD., #2305		NAME STREET ADDRESS					
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP					
TITLE - , si	D	Delete -		TREASURER	v	Change	Addition	
NAME STREET ADDRESS	JURKOWITZ, ARTHUR 2800 ISLAND BOULEVARD #12		name Street address					
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	KRONRAD, AMELIA 2800 ISLAND BLVD., #2601		NAME STREET ADDRESS				ļ	
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP				•	
TITLE	VP	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	WALDMAN, IRVING		NAME STREET ADDRESS		<u>.</u>			
STREET ADDRESS CITY-ST-ZIP	2800 ISLAND BLVD, #706 AVENTURA, FL	•	CITY-ST-ZIP		`			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					

12. 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 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 PRINTED TO THE TOTAL OFFICER OR THE TOTAL OFFICER O

2/3/04 305-931-1091 Date Davime Phone #