

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40414 (7)

1. Corporation Name
1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1000 ISLAND BLVD NORTH MIAMI BCH FL 33160 **1000 ISLAND BLVD NORTH MIAMI BCH FL 33160**

3. Date Incorporated or Qualified **10/19/1990** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **65-0225762** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, KEITH M ESQ.
18301 BISCAYNE, BLVD.
GREAT WESTERN BANK BLDG. 2ND FLOOR
N. MIAMI BEACH FL 33160**

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 *Keith Marshall* **KEITH MARSHALL, ESQ** DATE **January 24, 1996**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BERGER, ARTHUR
STREET ADDRESS	1000 ISLAND BLVD. 512
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WEISS, JUNE
STREET ADDRESS	1000 ISLAND BLVD #606
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	SJ <input type="checkbox"/> DELETE
NAME	COHEN, TED
STREET ADDRESS	1000 ISLAND BLVD #3007
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BERGMAN, PHIL
STREET ADDRESS	1000 ISLAND BLVD #1109
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DEUTSCH, MORT
STREET ADDRESS	1000 ISLAND BLVD #2003
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAPLEY, HARVEY
STREET ADDRESS	1000 ISLAND BLVD #3106
CITY-ST-ZIP	N MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D BURTON, RICHARD
4.3 STREET ADDRESS	1000 ISLAND BLVD #1109
4.4 CITY-ST-ZIP	N. MIAMI BEACH FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ted Cohen* **TED COHEN, SECRETARY** 1/25/96 933-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)