

2-6-98 B 1655 C  
**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

**DOCUMENT # N40414 (7)**  
 1. Corporation Name  
**1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I NC.**



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

3. Date Incorporated or Qualified  
**10/19/1990**  
 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**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

**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 **MARSHALL, KEITH M. ESQ**  
 82 Street Address (P.O. Box Number is Not Acceptable) **18305 BISCAYNE BLVD**  
 83 **BARNETT BANK BLDG SUITE 300**  
 84 City **AVENTURA** 85 Zip Code **FL 33160**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **1/29/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZERN, LEO</b>
STREET ADDRESS	<b>1000 ISLAND BLVD., #2302</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WEISS, JUNE</b>
STREET ADDRESS	<b>1000 ISLAND BLVD #606</b>
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KATZ, HYMAN</b>
STREET ADDRESS	<b>1000 ISLAND BLVD., #403</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>BURTON, RICHARD</b>
STREET ADDRESS	<b>1000 ISLAND BLVD SUITE 1109</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DEUTSCH, MORT</b>
STREET ADDRESS	<b>1000 ISLAND BLVD #2003</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>SHAPLEY, HARVEY</b>
STREET ADDRESS	<b>1000 ISLAND BLVD #3106</b>
CITY-ST-ZIP	<b>N MIAMI BCH. FL</b>

**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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 *[Signature]* SIGNATURE REQUIRED **1/29/98 305-936-8001**

CR2E037 (10/97)