FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business		Mailing Address		I 1801/184 OIL MANEL ONEM DIODE (1811
1000 ISLAND BLVD NORTH MIAMI BCH FL 33160		1000 ISLAND BLVD NORTH MIAMI BCH FL 33160		3. Date Incorporated or Qualified 10/19/1990
				4. FEI Number 65-0225762
Principal Place of Business 1		2a. Mailing Ad	dress	5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt.	#, etc.	Election Campaign Financing Trust Fund Contribution
City & State		City & State		7. Is this nonprofit corporation a h
Zip	Country	Zip	Country	8. This corporation owes or has p
24	Name and Address of Cu	29	30	Personal Property Tax due Jun 10. Name and Address of New R
	1141110 4114 2041030 01 01		<u> </u>	10. 1-will did Addition of Hell 11

FILED Feb 06 1998 8:00am Secretary of State



Yes No

Is this nonprofit corporation a homeowners association?

This corporation owes or has paid the current year Intangible

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

24	25	29	30	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current Re	gistered 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			82 Street /836 83 BAR 84 City	RSHALL, KEITH M. ESQ Address (P.O. BÓX Number is Not Acceptable) OS BISCAYNE BLVD NETT BANK BLDG SUITE 300 (ENTURA FL 85 Zip Code 33/60			
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							
BIGITATIONE _	Signature, typed or printed name of registered agent en	/	; Registered Agent signature				
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition			
NAME	ZERN, LEO		1.2 NAME				
STREET ADDRESS	1000 ISLAND BLVD., #2302		1.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	WEISS, JUNE		2.2 NAME				
STREET ADDRESS	1000 ISLAND BLVD #606		2.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BCH FL		2. 4 CITY - ST-ZIP				
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	KATZ, HYMAN		3.2 NAME				
STREET ADORESS	1000 ISLAND BLVD., #403		3.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BEACH FL		3.4. CITY-ST-ZIP				
TITLE	SD	DELETE	4.1 TITLE	Change Addition			
NAME	BURTON, RICHARD		4, 2 NAME				
STREET ADDRESS	1000 ISLAND BLVD SUITE 1109		4.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY - ST-ZIP				
TITLE	PD	☐ DELETE	5.1 TITLE	Change Addition			
NAME	DEUTSCH, MORT		5.2 NAME				
STREET ADDRESS	1000 ISLAND BLVD #2003		5.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-ST-ZIP				
TITLE	TD	DELETE	6.1 TITLE	Change Addition			
NAME	SHAPLEY, HARVEY		6.2 NAME				
STREET ADDRESS	1000 ISLAND BLVD #3106		6.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BCH, FL		6.4 CITY-ST-ZIP				
14. I hereby of indicated officer or	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 exportation or the receiver or trustee expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in						