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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N40414

1. Corporation Name

**1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

**1000 ISLAND BLVD
NORTH MIAMI BCH FL 33160**

Mailing Address

**1000 ISLAND BLVD
NORTH MIAMI BCH FL 33160**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/19/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0225762

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, KEITH M ESQ.
18305 BISCAYNE BLVD
BARNETT BANK BLDG #300
AVENTURA FL 33160**

81 Name

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

83 **NATIONSBANK BLDG # 300**

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)

1/21/99

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **D** ☒ DELETE

NAME **ZERN, LEO**
STREET ADDRESS **1000 ISLAND BLVD., #2302**
CITY-ST-ZIP **N MIAMI BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DIRECTOR

ARTHUR BARR

1000 ISLAND BLVD #3206

N. MIAMI BEACH, FL. 33160

☒ Change ☐ Addition

13. TITLE **VD** ☒ DELETE

NAME **WEISS, JUNE**
STREET ADDRESS **1000 ISLAND BLVD #606**
CITY-ST-ZIP **NORTH MIAMI BCH FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIRECTOR

WENDY KAPNER

1000 ISLAND BLVD #1806

N. MIAMI BEACH, FL. 33160

☒ Change ☐ Addition

14. TITLE **D** ☐ DELETE

NAME **KATZ, HYMAN**
STREET ADDRESS **1000 ISLAND BLVD., #403**
CITY-ST-ZIP **N MIAMI BEACH FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VICE PRESIDENT

☒ Change ☐ Addition

15. TITLE **SD** ☐ DELETE

NAME **BURTON, RICHARD**
STREET ADDRESS **1000 ISLAND BLVD SUITE 1109**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

16. TITLE **PD** ☐ DELETE

NAME **DEUTSCH, MORT**
STREET ADDRESS **1000 ISLAND BLVD #2003**
CITY-ST-ZIP **N MIAMI BCH FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE **TD** ☐ DELETE

NAME **SHAPLEY, HARVEY**
STREET ADDRESS **1000 ISLAND BLVD #3106**
CITY-ST-ZIP **N MIAMI BCH. FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2ND VICE PRESIDENT + TREAS

☒ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

305-937-1991

Date

Daytime Phone #

CR2E037 (11/98)