


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90065 010 \*\*\*\*61.25

<b>DOCUMENT # N40414</b>			
1. Entity Name 1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1000 ISLAND BLVD AVENTURA FL 33160		Mailing Address 1000 ISLAND BLVD AVENTURA FL 33160	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0225762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

50009991



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>MARSHALL, KEITH M ESQ.</b> 18305 BISCAYNE BLVD NATIONSBANK BLDG #300 AVENTURA FL 33160		7. Name and Address of New Registered Agent Name <b>Phillips, Eisinger &amp; Brown, P A</b> Street Address (P.O. Box Number is Not Acceptable) <b>4000 Hollywood Blvd Ste 265 South</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
**Dennis Eisinger, ESQ** 1/19/05  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCQUADE, WILLIAM</b> 1000 ISLAND BLVD #709 AVENTURA FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Hornstein</b> 1000 Island Blvd # 803 Aventura FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DILIZ, GUSTAVO</b> 1000 ISLAND BLVD 31408 AVENTURA FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Laurie Allen</b> 1000 Island Blvd #201 Aventura FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KATZ, HYMAN</b> 1000 ISLAND BLVD., #403 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Arthur Berger</b> 1000 Island Blvd #512 Aventura FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DEUTSCH, MORT</b> 1000 ISLAND BLVD #2003 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Harvey Shapley</b> 1000 Island Blvd #3106 Aventura FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>H</b> <b>SHAPLEY, HARVEY</b> 1000 ISLAND BLVD #3106 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Frank Demicco</b> 1000 Island Blvd #3102 Aventura FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEMICCO, FRANK</b> 1000 ISLAND BLVD #3102 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  1/25/05 (305) 936-8001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #