


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90106 036 ****61.25

0008464

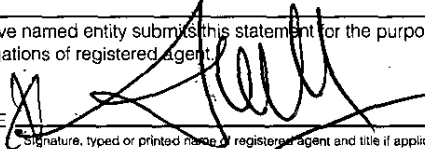
DOCUMENT # N40414			
1. Entity Name 1000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I NC.			
Principal Place of Business 1000 ISLAND BLVD AVENTURA FL 33160		Mailing Address 1000 ISLAND BLVD AVENTURA FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent MARSHALL, KEITH M ESQ. 18305 BISCAYNE BLVD NATIONS BANK BLDG #300 AVENTURA FL 33160		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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.

SIGNATURE:  M. Keith Marshall DATE: 8/24/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME S MCQUADE, WILLIAM	<input type="checkbox"/> Delete	TITLE NAME Aventura, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ISLAND BLVD #709		STREET ADDRESS Aventura, FL	
CITY-ST-ZIP N MIAMI BEACH FL 33180		CITY-ST-ZIP Aventura, FL	
TITLE NAME D HORNSTEIN, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME Aventura, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ISLAND BLVD #803		STREET ADDRESS Aventura, FL	
CITY-ST-ZIP N MIAMI BEACH FL 33160		CITY-ST-ZIP Aventura, FL	
TITLE NAME V KATZ, HYMAN	<input type="checkbox"/> Delete	TITLE NAME Aventura, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ISLAND BLVD., #403		STREET ADDRESS Aventura, FL	
CITY-ST-ZIP N MIAMI BEACH FL		CITY-ST-ZIP Aventura, FL	
TITLE NAME PD DEUTSCH, MORT	<input type="checkbox"/> Delete	TITLE NAME Aventura, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ISLAND BLVD #2003		STREET ADDRESS Aventura, FL	
CITY-ST-ZIP N MIAMI BCH FL		CITY-ST-ZIP Aventura, FL	
TITLE NAME T SHAPLEY, HARVEY	<input type="checkbox"/> Delete	TITLE NAME Aventura, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ISLAND BLVD #3106		STREET ADDRESS Aventura, FL	
CITY-ST-ZIP N MIAMI BCH. FL		CITY-ST-ZIP Aventura, FL	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME D DeMico, Frank	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1000 Island Blvd. #3102	
CITY-ST-ZIP		CITY-ST-ZIP Aventura, FL 33160	

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 or without other title empowered.

SIGNATURE:  DATE: 2003-09-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-936-8001

CR2E037 (4/03)