

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90166 011 ****70.00

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1. Entity Name
5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

5900 COLLINS AVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

Mailing Address

5900 COLLINS AVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

94068831



04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3611845

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HESS, DAVID
6345 COLLINS AVENUE
MIAMI BEACH, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUNT, MARK
STREET ADDRESS 5900 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VPD
NAME CONE, LORIN
STREET ADDRESS 5900 COLLINS AVENUE #706
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE STD
NAME AGUIRREBENA, PETER
STREET ADDRESS 5900 COLLINS AVE. #901
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE AS
NAME HESS, DAVID
STREET ADDRESS 6345 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE D
NAME ~~GOTLIN, HOWARD~~ *SETLIN, HOWARD*
STREET ADDRESS 5900 COLLINS AVE. #1804
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME WECHSLER, STUART
STREET ADDRESS 5900 COLLINS AVENUE #2304
CITY-ST-ZIP MIAMI BEACH, FL 33140

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ASST SECRETARY 4/22/04 305-860-8608