

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90144 001 ****70.00

0025402

DOCUMENT # N98000004032

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**

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 **22-3611845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HESS, DAVID
6345 COLLINS AVENUE
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input type="checkbox"/> Delete
NAME	LUNT, MARK	
STREET ADDRESS	5900 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KAUFFER, ENRIQUE	
STREET ADDRESS	5900 COLLINS AVE. #505	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AGUIRBENA, PETER	
STREET ADDRESS	5900 COLLINS AVE. #901	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HESS, DAVID	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOTLIN, HOWARD	
STREET ADDRESS	5900 COLLINS AVE. #1804	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, THOMAS DR	
STREET ADDRESS	5900 COLLINS AVE. #1802	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZIN CONE	
STREET ADDRESS	5900 COLLINS AVENUE #706	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D-STUART Wechsler	
STREET ADDRESS	5900 Collins Avenue #2304	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

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 PROVIDED

4/23/03

305-866-8608

CR2E037 (10/02)