# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # N24464 (2)

1. Corporation Name
ONE ISLAND PLACE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MIAMI MANAGEMENT INC.<br>P.O. BOX 801338<br>AVENTURA FL 33280 | C/O MIAMI MANAGEMENT INC.<br>P.O. BOX 801338<br>AVENTURA FL 33280 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1988
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0220851 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3801 N E 207th St | 26 3801 NE 207th St |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Aventura FL | 28 City & State: Aventura FL |
| 24 Zip: 33180 25 Country: US | 29 Zip: 33180 30 Country: US |

9. Name and Address of Current Registered Agent

STUART ALTMAN
3802 NE 207TH STREET
UNIT 602 TOWER II
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALTMAN, STUART | 1.2 NAME | | |
| STREET ADDRESS | 3802 NE 207 ST S602 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MODLIN, ROY | 2.2 NAME | | |
| STREET ADDRESS | 3801 NE 207 S401 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREENSTEIN, STANLEY | 3.2 NAME | | |
| STREET ADDRESS | 3802 NE 207 ST 1803 | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TONIS, DAVID | 4.2 NAME | | |
| STREET ADDRESS | 3801 NE 207 ST 2104 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | Director | ☒ Change ☐ Addition |
| NAME | BERMAN, HOWARD | 5.2 NAME | Brown, Richard | |
| STREET ADDRESS | 3801 NE 207 S801 | 5.3 STREET ADDRESS | 3801 NE 207 St # 1001 | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | Miami FL 33180 | |
| TITLE | D | 6.1 TITLE | Director | ☒ Change ☐ Addition |
| NAME | HAIME, JOYCE | 6.2 NAME | Gross, Douglas | |
| STREET ADDRESS | 3801 NE 207TH STREET, #2701 | 6.3 STREET ADDRESS | 3801 NE 207 St # 2801 | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | Miami FL 33180 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** David Tonis 2/9/95 305 931-0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000360