

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N24464 (2)  
1. Corporation Name  
ONE ISLAND PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3801 NE 207TH ST 3801 NE 207TH ST  
P.O. BOX 801338 P.O. BOX 801338  
AVENTURA FL 33180 AVENTURA FL 33180  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1988		3a. Date of Last Report 02/07/1996	
21 Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		4. FEI Number 65-0220851		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	ALTMAN, STUART	1.2 NAME	BARBARA LICKSTEIN
STREET ADDRESS	3802 NE 207 ST S802	1.3 STREET ADDRESS	3802 N.E. 207 ST. # 1203
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	AVENTURA FL 33180
TITLE	VPD	2.1 TITLE	D
NAME	MODLIN, ROY	2.2 NAME	LEONARD DUBLIN
STREET ADDRESS	3801 NE 207 S401	2.3 STREET ADDRESS	3801 N.E. 207 ST. # 1204
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	AVENTURA FL 33180
TITLE	SD	3.1 TITLE	
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	
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	
NAME	BROWN, RICHARD	5.2 NAME	
STREET ADDRESS	3801 NE 207TH ST #1001	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GROSS, DOUGLAS	6.2 NAME	
STREET ADDRESS	3801 NE 207TH ST #2801	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CP2E037 (4/97)