

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90461 041 ****70.00

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

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE PD
NAME WECHSLER, STUART ☐ Delete
STREET ADDRESS 5900 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

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

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

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

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

TITLE D
NAME RANGAL, BEATRICE ☐ Delete
STREET ADDRESS 5900 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD **ARLENE C TERRINONI** ☒ Change ☐ Addition
NAME **5900 Collins Ave nwr #402**
STREET ADDRESS **MIAMI BEACH**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** **FREDERICK DIERER** ☒ Change ☐ Addition
NAME **5900 Collins Avenue # 501**
STREET ADDRESS **MIAMI BEACH, FL 33140**
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

305-866-8608
April 11, 2006