

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004032

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: 5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

5900 COLLINS AVE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33140 US

## New Principal Place of Business:

## Current Mailing Address:

5900 COLLINS AVE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33140 US

## New Mailing Address:

FEI Number: 22-3611845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROGEL, DAVID  
BECKER AND POLIAKOFF  
121 ALHAMBRA PLAZA SUITE 1000  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: DAVID ROGEL

04/19/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WECHSLER, STUART  
Address: 5900 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete  
Name: TERRINONI, ARLENE C  
Address: 5900 COLLINS AVE #402  
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD ( ) Delete  
Name: AGUIRREBENA, PETER  
Address: 5900 COLLINS AVE. #901  
City-St-Zip: MIAMI BEACH, FL 33140

Title: AS ( ) Delete  
Name: HESS, DAVID  
Address: 6345 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: SETLIN, HOWARD  
Address: 5900 COLLINS AVE. #1804  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: BRIERER, FREDERICK  
Address: 5900 COLLINS AVE #501  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HESS

AS

04/19/2007

Electronic Signature of Signing Officer or Director

Date