

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90120 006 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

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, 2008

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

TITLE VPD ☐ Delete
NAME TERRINONI, ARLENE C
STREET ADDRESS 5900 COLLINS AVE #402
CITY-ST-ZIP MIAMI BEACH FL 33140

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

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

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

TITLE D ☐ Delete
NAME BRIERER, FREDERICK
STREET ADDRESS 5900 COLLINS AVE #501
CITY-ST-ZIP MIAMI BEACH FL 33140

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME PETER AGUIRREBENA
STREET ADDRESS 5900 COLLINS AVENUE #901
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE DIRECTOR ☒ Change ☐ Addition
NAME TERRINONI, ARLENE C
STREET ADDRESS 5900 COLLINS AVENUE #402
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
NAME JOHN J. GLEASON
STREET ADDRESS 5900 COLLINS AVENUE #903
CITY-ST-ZIP MIAMI BEACH, FL 33140

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

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

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME BRIERER, FREDERICK
STREET ADDRESS 5900 COLLINS AVENUE, 501
CITY-ST-ZIP MIAMI BEACH, FL 33140

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

Date

Daytime Phone #

4/11/08 305-866-8608