

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718116

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: 1357 COLLINS AVENUE CONDOMINIUM, INC.

**Current Principal Place of Business:**

1357 COLLINS AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1357 COLLINS AVENUE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1357 COLLINS AVENUE - CONDO MAILBOX  
MIAMI BEACH, FL 33139

FEI Number: 59-2040779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOKOLOW, MICHELE  
1357 COLLINS AVE  
# D2  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOKOLOW, MICHELE  
Address: 1357 COLLINS AVE, #D2  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VD ( ) Delete  
Name: ALVAREZ, MARIA ELENA  
Address: 1357 COLLINS AVE, #C2  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: SD ( ) Delete  
Name: GRANOFF, DAVID  
Address: 1357 COLLINS AVE, #B1  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD ( ) Delete  
Name: STANISH, ALAN  
Address: 1357 COLLINS AVE, #A1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: SOKOLOW, NORMAN  
Address: 1357 COLLINS AVE, #B2  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE SOKOLOW

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date