

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24464

FILED
Jan 06, 2011
Secretary of State

Entity Name: ONE ISLAND PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3801 NE 207TH ST
MGMT. OFFICE
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3801 NE 207TH ST
MGMT. OFFICE
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0220851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN GELLER, SANDRA
3801 NE 207TH STREET
UNIT 2901
AVENTURA, FL 33180 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: P
Name: FREEMAN GELLER, SANDRA
Address: 3801 NE 207TH ST.#2901
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: ALTMAN, STUART
Address: 3802 NE 207TH STREET #602
City-St-Zip: AVENTURA, FL 33180

Title: S
Name: GELLER, LOIS
Address: 3801 NE 207TH STREET#1003
City-St-Zip: AVENTURA, FL 33180

Title: T
Name: TONIS, DAVID
Address: 3801 NE 207TH ST. #2104
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: LICKSTEIN, BARBARA
Address: 3802 NE 207TH ST. #1203
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: WEISMAN, STEVEN
Address: 3802 NE 207TH ST. #603
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: SANFORD FOX

MGR

01/06/2011

Electronic Signature of Signing Officer or Director

Date