2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729695

Entity Name: ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

FILED Mar 02, 2017 **Secretary of State** CC9428904290

Current Principal Place of Business:

5 ISLAND AVENUE MANAGEMENT OFFICE MIAMI, FL 33139

Current Mailing Address:

5 ISLAND AVENUE MANAGEMENT OFFICE MIAMI, FL 33139 US

FEI Number: 59-1704505 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RANDALL, ROGER K **5 ISLAND AVENUE** MANAGEMENT OFFICE MIAMI, FL 33139 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: RANDALL ROGER 03/02/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name WILKINSON, JANE Name KNIGHT, JENNIFER K

5 ISLAND AVENUE Address Address 5 ISLAND AVENUE MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: City-State-Zip: MIAMI FL 33139 MIAMI FL 33139

Title **TREASURER** Title VΡ

Name NEUSTEDTER, RICHARD Name ANDRADE, BRENO

Address **5 ISLAND AVENUE** Address **5 ISLAND AVENUE**

> MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: MIAMI FL 33139 City-State-Zip: MIAMI FL 33139

Title **PRESIDENT** Title DIRECTOR ROBBINS, JACK LEE, RUSSELL Name Name

Address 5 ISLAND AVE Address 5 ISLAND AVE

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR Title **SECRETARY**

Name ABADILLA, IAN Name DECARO, BRANDAN

Address 5 ISLAND AVE Address 5 ISLAND AVE MANAGEMENT OFFICE

MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip:

Continues on page 2

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: RICHARD NEUSTEDTER TREASURER 03/02/2017

Officer/Director Detail Continued:

Title DIRECTOR

Name PARDO, MICHAEL

Address 5 ISLAND AVE

City-State-Zip: MIAMI BEACH FL 33139