2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729695

Entity Name: ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

FILED Feb 28, 2013 **Secretary of State** CC4062195944

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: Yes

Name and Address of Current Registered Agent:

MARS, GARY ESQ. 150 WEST FLAGLER STREET **SUITE 2701** MIAMI, FL 33130 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name PARKER, KUNAL Name ZUR, THOMAS 5 ISLAND AVENUE **5 ISLAND AVENUE** Address Address

> #14-H #15-D

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

Title **DIRECTOR** Title **SECRETARY**

Name DECARO, BRANDAN Name RANDO, ALEXANDER

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

> #07-F #12-F

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

Title DIRECTOR Title DIRECTOR

KNIGHT, JENNIFER K DE MORI, OLIVER Name Name

5 ISLAND AVENUE 5 ISLAND AVENUE Address Address

> #09-D #15-C

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

PRESIDENT

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.