

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 729695

**Entity Name:** ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

**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:**

ROGER, RANDALL  
621 NW 53RD STREET  
SUITE 300  
BOCA RATON, FL 33487 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

03/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SUSOY , SELIN  
Address 5 ISLAND AVENUE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY  
Name LEAH, KAREN  
Address 5 ISLAND AVENUE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33139

Title PRESIDENT  
Name ROBBINS , JACK  
Address 5 ISLAND AVENUE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33139

Title TREASURER  
Name SEJEN, LAURA  
Address 5 ISLAND AVENUE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI FL 33139

Title VP  
Name DECARO, BRANDAN  
Address 5 ISLAND AVE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name EHRlich, BRIAN  
Address 5 ISLAND AVE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name BORGES, VANNESSA  
Address 5 ISLAND AVE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name KEAN, ALEXANDER  
Address 5 ISLAND AVE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

*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:** KAREN LEAH

SECRETARY

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date