

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 729695

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

**FILED**  
**Nov 14, 2014**  
**Secretary of State**  
**CC2665450547**

**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:**

DENNIS , FAGET SR.  
5 ISLAND AVE  
MANGEMENT  
MIAMI BEACH, FLORIDA , 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: DENNIS FAGET**

**11/14/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	OFFICER	Title	VP
Name	PARKER, KUNAL	Name	ZUR, THOMAS
Address	5 ISLAND AVENUE MANAGEMENT OFFICE	Address	5 ISLAND AVENUE MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI FL 33139
Title	OFFICER	Title	TREASURER
Name	KNIGHT, JENNIFER K	Name	NEUSTEDTER, RICHARD
Address	5 ISLAND AVENUE MANAGEMENT OFFICE	Address	5 ISLAND AVENUE MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI FL 33139
Title	DIRECTOR	Title	PRESIDENT
Name	TRACY, MONICA	Name	ROBBINS, JACK
Address	5 ISLAND AVENUE MANAGEMENT OFFICE	Address	5 ISLAND AVE MANAGEMENT OFFICE
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
Title	SECRETARY	Title	OFFICER
Name	LEE, RUSSELL	Name	BASSEL, ALEXANDRA
Address	5 ISLAND AVE MANAGEMENT OFFICE	Address	5 ISALND AVE MANAGEMENT OFFICE
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

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*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: JACK ROBBINS**

**PRESIDENT**

**11/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name ABADILLA, IAN  
Address 5 ISLAND AVE  
MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139