| SIGNATURE | : ROSA DE LA CAMARA | | | 03/10/2016 |
|---------------------------|--|-----------------|--------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | Ρ | Title | S | |
| Name | OROZA, LOURDES | Name | ATTARD, DERRICK | |
| Address | 5825 COLLINS AVE #10F | Address | 5825 COLLINS AVENUE #PHL | |
| City-State-Zip: | MIAMI BEACH FL 33140 | City-State-Zip: | MIAMI BEACH FL 33140 | |
| Title | т | Title | AST | |
| Name | BAUTISTA, FELIX J | Name | VUELTA, XIOMARA | |
| Address | 5825 COLLINS AVE. #11H | Address | 5825 COLLINS AVE. #3C | |
| City-State-Zip: | MIAMI BEACH FL 33140 | City-State-Zip: | MIAMI BEACH FL 33140 | |
| Title | AS | Title | VP | |
| Name | ABROMSON, MAURICE | Name | RODRIGUEZ, LAVERNE | |
| Address | 5825 COLLINS AVE #11G | Address | 5825 COLLINS AVE #7H | |
| City-State-Zip: | MIAMI BEACH FL 33140 | City-State-Zip: | MIAMI BEACH FL 33140 | |
| Title | DIRECTOR | | | |
| Name | DONAHUE, ROGER | | | |
| Address | 5825 COLLINS AVENUE # 12D | | | |
| City-State-Zip: | MIAMI BEACH FL 33140 | | | |

DE LA CAMARA, ROSA M. P.A. **BECKER & POLIAKOFF, P.A** 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134 US

Entity Name: 5825 CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5825 COLLINS AVENUE MIAMI BCH. FL 33140

DOCUMENT# 748739

Current Mailing Address:

5825 COLLINS AVENUE MIAMI BCH. FL 33140 US

FEI Number: 59-2022749

Name and Address of Current 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.

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: XIOMARA VUELTA

03/10/2016 ASSISTANT TREASURE

Electronic Signature of Signing Officer/Director Detail

CC1057638246

FILED Mar 10, 2016

Secretary of State

Certificate of Status Desired: No

Date