

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011291

Entity Name: 300 COLLINS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**300 COLLINS AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**300 COLLINS AVE
MIAMI BEACH, FL 33139 US**FEI Number:** 81-5293759**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOPELOWIZ OSTROW
ATTN: JOSHUA KRUT, ESQ.
1 W. LAS OLAS BLVD., STE. 500
FORT LAUDERDALE, FL 33301 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
Name	HAWKINS, THOMAS
Address	300 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	SECRETARY, TREASURER
Name	SPIRO, SUSAN
Address	300 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	FERRETTI, RICHARD
Address	300 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	DIRECTOR
Name	HAMMOND, TAREK
Address	300 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	DIRECTOR
Name	MINKOFF, STEVEN
Address	300 COLLINS AVE
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: THOMAS HAWKINS

PRESIDENT

01/19/2023

Electronic Signature of Signing Officer/Director Detail_____
Date