

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005948

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC4412272358**

**Entity Name:** 17749 COLLINS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17749 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17749 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 47-4302490

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEGNAN, BRIAN T  
4000 ISLAND BLVD PH2  
WILLIAMS ISLAND, FL 33160 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 DP  
Name LILLYCROP, WILLIAM  
Address 17780 COLLINS AVE 2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER  
Name ESTIS, WARREN ESQ.  
Address 733 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name CICERO, IRIS  
Address 17780 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** LILLYCROP, WILLIAM

**PRESIDENT**

**02/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date