

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24464

Entity Name: ONE ISLAND PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3801 NE 207TH ST
MGMT. OFFICE
AVENTURA, FL 33180**Current Mailing Address:**3801 NE 207TH ST
MGMT. OFFICE
AVENTURA, FL 33180 US**FEI Number:** 65-0220851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEMAN GELLER, SANDRA
3801 NE 207TH STREET
UNIT 2901
AVENTURA, FL 33180 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 P
Name FREEMAN GELLER, SANDRA
Address 3801 NE 207TH ST
MGMT. OFFICE
City-State-Zip: AVENTURA FL 33180

Title VP
Name ALTMAN, STUART
Address 3801 NE 207TH ST
MGMT. OFFICE
City-State-Zip: AVENTURA FL 33180

Title S
Name GELLER, LOIS
Address 3801 NE 207TH ST
MGMT. OFFICE
City-State-Zip: AVENTURA FL 33180

Title T
Name TONIS, DAVID
Address 3801 NE 207TH ST
MGMT. OFFICE
City-State-Zip: AVENTURA FL 33180

Title D
Name LICKSTEIN, BARBARA
Address 3801 NE 207TH ST
MGMT. OFFICE
City-State-Zip: AVENTURA FL 33180

Title D
Name WEISMAN, STEVEN
Address 3801 NE 207TH ST
MGMT. OFFICE
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name FREEMAN, DENNIS
Address 3802 NE 207TH STREET
City-State-Zip: AVENTURA FL 33180

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: SANDRA FREEMAN GELLER**PRESIDNET****02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date