## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004032

Entity Name: 5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

FILED Feb 16, 2017 Secretary of State CC1808889627

## **Current Principal Place of Business:**

5900 COLLINS AVE MANAGEMENT OFFICE MIAMI BEACH, FL 33140

## **Current Mailing Address:**

5900 COLLINS AVE MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US

FEI Number: 22-3611845 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SKRLD, INC 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 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: GARY M. MARS, ESQ. 02/16/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, (D) Title SECRETARY, (D)
Name ORTUZAR, ADOLFO Name ZAMUDIO, JAIME

Address 5900 COLLINS AVENUE, #401 Address 5900 COLLINS AVENUE, #1203

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title VP, (D) Title DIRECTOR, (D)

Name HETZLER, ROBERT Name ABREU, DAVID

Address 5900 COLLINS AVENUE, #1806 Address 5900 COLLINS AVENUE, #1402

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title TREASURER, (D)

Name ROLIM, CAROLINA

Address 5900 COLLINS AVENUE

UNIT# 1401

City-State-Zip: MIAMI BEACH FL 33140

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: ORTUZAR, ADOLFO

**PRESIDENT** 

02/16/2017