### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004032

Entity Name: 5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 16, 2023 **Secretary of State** 1801117812CC

## **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. 03/16/2023

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title DIRECTOR Name HETZLER, ROBERT J. Name ZAMUDIO, JAIME 5900 COLLINS AVENUE 5900 COLLINS AVENUE Address Address City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140 **VICE-PRESIDENT** Title **SECRETARY** Title Name TACINARI, THIAGO Name PESETSKIY, BORIS Address 5900 COLLINS AVENUE Address 5900 COLLINS AVENUE City-State-Zip: MIAMI BEACH FL 33140

Title **TREASURER** Name ROLIM. CAROLINA Address 5900 COLLINS AVENUE City-State-Zip: MIAMI BEACH FL 33140

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: HETZLER, ROBERT J.

**PRESIDENT** 

03/16/2023