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2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: 5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

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

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.

| 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. | | | 01/17/2018 | | |
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Direc | ctor Detail : | | | | | |
| Title | PRESIDENT, (D) | Title | SECRETARY, (D) | | | |
| Name | HETZLER, ROBERT J. | Name | ZAMUDIO, JAIME | | | |
| Address | 5900 COLLINS AVENUE, #1806 | Address | 5900 COLLINS AVENUE, #1203 | 3 | | |
| City-State-Zip: | MIAMI BEACH FL 33140 | City-State-Zip: | MIAMI BEACH FL 33140 | | | |
| Title | VP, (D) | Title | DIRECTOR, (D) | | | |
| Name | AGUIRREBENA, PETER | Name | ORTUZAR, ADOLFO | | | |
| Address | 5900 COLLINS AVENUE, #901 | Address | 5900 COLLINS AVENUE, #401 | | | |
| 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.

PRESIDENT

SIGNATURE: HETZLER, ROBERT J.

Electronic Signature of Signing Officer/Director Detail

FILED Jan 17, 2018 Secretary of State CC9511611967

Certificate of Status Desired: No

01/17/2018 Date