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2017 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 number of changing its registered effice or registered agent, or both, in the State of Electida

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	3			
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	2			
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: ORTUZAR, ADOLFO

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 16, 2017 Secretary of State CC1808889627

Certificate of Status Desired: No

02/16/2017

Date