	S AVE 31ST FLOOR BEACH, FL 33160			
Current Mai	ling Address:			
	INS AVE 31ST FLOOR ES BEACH, FL 33160			
FEI Number: 46-3864690		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
WILSON, KRISTINA E ESQ. 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH, FL 33160 US				
The above name	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florid	a.
SIGNATURE: KRISTINA E. WILSON, ESQ.				
SIGNATURE	E: KRISTINA E. WILSON, ESQ.		(	03/13/2015
SIGNATURE	E: KRISTINA E. WILSON, ESQ. Electronic Signature of Registered Agent		(	03/13/2015 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		(	
	Electronic Signature of Registered Agent	Title	VD	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PD		VD	Date
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PD DEZER, GIL 18001 COLLINS AVE 31ST FLOOR	Name	VD GURWITZ, ESTEE 18001 COLLINS AVE 31ST FLOO	Date
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PD DEZER, GIL 18001 COLLINS AVE 31ST FLOOR	Name Address	VD GURWITZ, ESTEE 18001 COLLINS AVE 31ST FLOO	Date
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PD DEZER, GIL 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH FL 33160	Name Address	VD GURWITZ, ESTEE 18001 COLLINS AVE 31ST FLOO	Date
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD DEZER, GIL 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH FL 33160 STD	Name Address	VD GURWITZ, ESTEE 18001 COLLINS AVE 31ST FLOO	Date

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GIL DEZER

PD

Electronic Signature of Signing Officer/Director Detail

Entity Name: 18555 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

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

DOCUMENT# P12000098185

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# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 13, 2015

**Secretary of State** 

CC4934154948

Date