FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

(6)

EIETY SIY SIYTY COLLING AVE CONDOMINIUM INC

FILED)
Feb 26 1998	8:00am
Secretary of	f State

	on of Business	Mailing Address			
Principal Place of Business 5660 COLLINS AVE. MIAMI BEACH FL 33140 US		5660 COLLINS AVE. MIAMI FL 33140 US		3. Date Incorporated or Qualified 09/16/1970 4. FEI Number Applied For	
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additions	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.	<u> – </u>	6. Election Campaign Financing \$5.00 May Be	
City & Stat	le	City & State		7. Is this nonprofit corporation a homeowners association?	
23 Zip	Country	Zip	Country	S. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
24	25 9. Name and Address of Curr	29	30	Personal Property Tax due June 30.	
	4. Hallie allo Address Of Curi	aur uaflistatan whatir	81 Name		
		et Address (P.O. Box Number is Not Acceptable)			
			84 City	FL 85 Zip Code	
SIGNATURE 12. TITLE	Signature, typed committed name of registered OFFICERS A	epent and title if applicable. (NO ND DIRECTORS	TE: Registered Agent signatu 13. 1.1 TITLE	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add	
NAME	KRAMER, ROSE	LI DELETE	1.2 NAME		
STREET ADDRESS	5660 COLLINS AVE. 5A		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI BCH, FL 00000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Add	
NAME	POPHAM, LEE	CA DECENE	2.1 IIILE 2.2 NAME	SECRETARY	
STREET ADDRESS	5660 COLLINS AVE 4C		2.3 STREET ADDRESS	CETLIN, EDWARD	
CITY-ST-ZIP	MIAMI BCH, FL 00000		2.4 CITY-ST-ZIP	3660 COLLIND AVE. 11D	
TITLE	VPD	DELETE	3.1 TITLE	MIAMI BRACH, FL. 00000 Change Add	
NAME	GOLDBLOOM, GEORGE	n	3.2 NAME	KENNETH REKANT	
STREET ADDRESS	5660 COLLINS AVE PH-B		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-ST-ZIP	MIAMI BRACH, FL	
TITLE	VPD	DELETE	4.1 TITLE	Change Add	
NAME	RADIN, IRVING		4. 2 NAME		
STREET ADDRESS	1 1111		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 00000		4.4 CITY-ST-ZIP	<u> </u>	
TITLE	PD	DELETE	5.1 TITLE	Change Add	
NAME	MILLER, PHYLLIS		5.2 NAME		
STREET ADDRESS	5660 COLLINS AVE. 18C		5.3 STREET ADDRESS	8	
CITY-ST-ZIP	MIAMI BCH, FL 00000	[] believe	5.4 CITY-ST-ZIP		
TITLE	J	☐ DELETE	6.1 TITLE	Change Add	
NAME			6.2 NAME		
STREET ADDRESS	ļ		6.3 STREET ADDRESS	9	
CITY-ST-ZIP	Ī		6.4 CITY-ST-ZIP	1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: