

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719324

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: FIFTY SIX SIXTY COLLINS AVE. CONDOMINIUM, INC.

**Current Principal Place of Business:**

5660 COLLINS AVE.  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5660 COLLINS AVE.  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 59-1310100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UFFNER, JEROME  
5660 COLLINS AVENUE  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SEC ( ) Delete  
Name: POTASHNICK, JEROME  
Address: 5660 COLLINS AVE. 8A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: 2VPD ( ) Delete  
Name: BREUER, ADRIENNE  
Address: 5660 COLLINS AVE. 10-A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TREA ( ) Delete  
Name: BUSTAMANTE, ARTURO TREAS  
Address: 5660 COLLINS AVE, 10B  
City-St-Zip: MIAMI BEACH, FL 33140

Title: P ( ) Delete  
Name: UFFNER, JEROME PRESIDE  
Address: 5660 COLLINS AVE, 7C  
City-St-Zip: MIAMI BEACH, FL 33140

Title: 1 VP ( ) Delete  
Name: GETZ, MORTON 1 VP  
Address: 5660 COLLINS AVE. 9-D  
City-St-Zip: MIAMI BCH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARRY GARFINKLE

MANA

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date