

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719324

FILED
Jan 14, 2008
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:

GARFINKLE, HARRY MANAGER
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: PRES () Delete
Name: ROMANACH, JORGE
Address: 5660 COLLINS AVE. 11-A
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 BEACH, FL 33140

Title: SEC () Delete
Name: RESNICK, SETH SEC
Address: 5660 COLLINS AVE, 17-B
City-St-Zip: MIAMI BEACH, FL 33140

Title: 2VP () Delete
Name: REKANT, KENNETH 2 VP
Address: 5660 COLLINS AVE, 15-E
City-St-Zip: MIAMI BEACH, FL 33140

Title: TREA () Delete
Name: SCHERTZER, MICHAEL TREA
Address: 5660 COLLINS AVE. 7-D
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROMANACH, JORGE
Address: 5660 COLLINS AVE. 11-A
City-St-Zip: MIAMI BEACH, FL 33140

Title: PRES (X) Change () Addition
Name: PARR, OWEN PRES
Address: 5660 COLLINS AVE. 9-D
City-St-Zip: MIAMI BEACH, FL 33140

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 exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

MANA

01/14/2008

_____ Date