2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90343 007 ****61.25

DOCUMENT # 729695

1. Entity Name
ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

Principal Place of Business	Mailing Address
5 ISLAND AVENUE MIAMI, FL 33139 US	5 ISLAND AVENUE MIAMI, FL 33139 US

03292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1704505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARS, GARY ESQ. 150 WEST FLAGLER STREET SUITE 2701 MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D URIUS, MARCUS 5 ISLAND AVENUE, #~~1-J~~ MIAMI BEACH, FL 33125	☑ ~~Delete~~	DIRECTOR URIAS, MARCUS 5 ISLAND AVE. #5-F MIAMI BEACH FL. 33139	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~ELLIS, ROSE~~ ~~5 ISLAND AVENUE #6-J~~ ~~MIAMI BEACH, FL~~	☑ ~~Delete~~	VICE PRESIDENT Kyle Bayliss 5 ISLAND AVE # 4-F MIAMI BEACH FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHELPS, STEPHEN 5 ISLAND AVE #6H MIAMI, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ TSOUMPAS, PANAGIOTIS 5 ISLAND AVENUE, ~~#8-D~~ MIAMI BEACH, FL	☑ ~~Delete~~	TREASURER PANOS-TSOUMPAS 5 ISLAND AVE # 8-D MIAMI BEACH FL. 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DECARO, BRANDON 5 ISLAND AVENUE, #7F MIAMI BEACH, FL	☐ Delete	DIRECTOR Timothy Boyens 5 ISLAND AVE #12-K MIAMI BEACH FL 33139	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~BAYLISS, KYLE~~ ~~5 ISLAND AVE. #4-F~~ ~~MIAMI BEACH, FL 33139~~	☑ ~~Delete~~	DIRECTOR PATRICIA DECREDICO 5 ISLAND AVE # 11-C MIAMI BEACH FL 33139	☑ ~~Change~~ ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/04 (305) 672-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #