


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90020 045 ****61.25

DOCUMENT # 741113					
1. Entity Name ISLANDER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1255 COLLINS AVENUE MIAMI BEACH, FL 33139			Mailing Address C/O STREAMLINE PROPERTIES 1125 WASHINGTON AVE MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1800628	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ORTEGA, ROBERT C/O STREAMLINE PROPERTIES 1125 WASHINGTON AVE MIAMI BEACH, FL 33139				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTEGA, ROBERT		NAME	DR. EDUARDO ELIZONDO	
STREET ADDRESS	1255 COLLINS AVE #206		STREET ADDRESS	110 W. SUNRISE AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREIA, MARY		NAME	CHARLES MOSCHOS	
STREET ADDRESS	11030 NW 62ND AVE		STREET ADDRESS	1255 COLLINS AVE, #201	
CITY-ST-ZIP	HIALEAH, FL 330122318		CITY-ST-ZIP	MIAMI BEACH, FL, 33139	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABICH, RAQUEL		NAME	ALBERTO PADURA	
STREET ADDRESS	185 W 57TH ST		STREET ADDRESS	4450 SW 5th TC	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGUANZO, MARIA		NAME		
STREET ADDRESS	3100 SW 130TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331752514		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary Correia</i>		Date: 4/25/07		Daytime Phone #: 305-532-7368	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

