

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90142 040 ****61.25

DOCUMENT # 741113

1. Entity Name
ISLANDER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1255 COLLINS AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**1255 COLLINS AVENUE
MIAMI BEACH FL 33139**

60013510



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1800628		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARRAZANA, OSCAR A 6039 COLLINS AVE PH27 MIAMI FL 33140				Name			
9111 E. Bay Harbor Drive 2E BAY HARBOR ISLANDS, FL 33154				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-ACOSTA, JOSE R		NAME		
STREET ADDRESS	1057 WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRAZANA, OSCAR A		NAME	PATRICIA NAZAR	
STREET ADDRESS	6039 COLLINS AVE. PH27		STREET ADDRESS	1621 COLLINS ABE APT 307	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREIA, MARY		NAME	MARIO SABATES	
STREET ADDRESS	11030 NW 82 AVE		STREET ADDRESS	1655 COLLINS AVENUE APT 404	
CITY-ST-ZIP	HALEAH FL 33012-2318		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	OSCAR A. CARRAZANA	
STREET ADDRESS			STREET ADDRESS	9111 E. BAY HARBOR DR. 2E	
CITY-ST-ZIP			CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
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 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: *Oscar A. Carrazana* **DIR.** Date: 1/27/03 (305) 866-9186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)



Attachment

FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 5, 2003

ISLANDER CONDOMINIUM ASSOCIATION, INC.
1255 COLLINS AVENUE
MIAMI BEACH, FL 33139

Subject: ISLANDER CONDOMINIUM ASSOCIATION, INC.

Reference Number: 741113

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/cw

ANNUAL REPORTS SECTION