

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:44

DOCUMENT # **744909** (3)
1. Corporation Name
9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9124 COLLINS AVE. SURFSIDE FL 33154-3101 **9124 COLLINS AVE. SURFSIDE FL 33154-3101**

3. Date Incorporated or Qualified **11/13/1978** 3a. Date of Last Report **02/23/1994**
4. FEI Number **59-2224150** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA PORTILLA, MARIA
3663 SW 8TH ST #205
MIAMI FL 33135

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FORTUNATO, RAIZA
STREET ADDRESS 9124 COLLINS AVE #401
CITY - ST - ZIP SURFSIDE FL

TITLE DP
NAME ZAMORA, EUGENE
STREET ADDRESS 8124 COLLINS AVE. #302
CITY - ST - ZIP SURFSIDE FL

TITLE D
NAME MITRANI, REGINA ~~DECEASED~~
STREET ADDRESS 9124 COLLINS AVE 301
CITY - ST - ZIP SURFSIDE FL

TITLE DT
NAME TOTH, ROBERT
STREET ADDRESS 9124 COLLINS AVE. #202
CITY - ST - ZIP SURFSIDE FL

TITLE DVP
NAME KAPSIS, ANGELICA
STREET ADDRESS 8124 COLLINS AVE. #403
CITY - ST - ZIP SURFSIDE FL

TITLE DS
NAME VASILATOS, SANDY
STREET ADDRESS 9124 COLLINS AVE. #201
CITY - ST - ZIP SURFSIDE FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME VICE-PRESIDENT
33 STREET ADDRESS ROE JERRALTA
34 CITY - ST - ZIP 9124 COLLINS AVE. APT 304
SURFSIDE, FL 33154-3152

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Zamora* **E. ZAMORA (Resident)** 3/20/95 305-8685076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)