4.30.978-5915 -C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

744909

(3)

9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address					·	
9124 COLLINS AVE. 9124 COLLINS AVE. SURFSIDE FL 33154-3101 SURFSIDE FL 33154-3101						
						3. Date Incorporated or Qualified 11/13/1978 3a. Date of Last Report 04/29/1996
2. Principat Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For 59-2224150 Not Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	Coun	itry		Trust Fund Contribution Added to Fees This correction has liability for intentible to under a 100 022
24	25	 	30	· · · · ·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Current		1			10. Name and Address of New Registered Agent
····			1	B1	Name	
DE LA PORTILLA, MARIA			la la	B2	Street Add	dress (P.O. Box Number is Not Acceptable)
3663 SW 8TH ST #205						
MIAMI F	. 33135		['	B3]		
			ŀ	84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the ab	ove-r	named cor	rporation submits this statement for the purpose of changing its registered
agent Lar	n familiar with, and accept the obligat	tions of, Section 617.0503, Flo	rida Statu	ites.	пө согрога	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agen OFFICERS AND				signature requ	uked when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 1111	.E	.5	Change It Addition
NAME	FORTUNATO, RAIZA		1.2 NAM	ИE	1/	VIERA - APT. 305
STREET ADDRESS	9124 COLLINS AVE #401		1.3 STA	EET AL	ODRESS 4	1124 COllINS AVE
CITY - ST - ZIP	SURFSIDE FL		1.4 CIT	Y-\$T-	ZIP -	SURFSIDE, FL
TITLE	DP _.	☐ DELETE	2.1 TITL	Æ	1	Change Addition
NAME	ZAMORA, EUGENE		2.2 NAN		3	10SE FORUNATO - APT. 401 9124 COILIND AVE
STREET ADDRESS	6124 COLLINS AVE. #302		1		DORESS 9	SURFSIDE - FL.
CITY-ST-ZIF	SURFSIDE FL	DELETE	2. 4 CIT 3 1 TITE		-ZIP	DURCESTOR, FL.
TITLE NAME	₩P D ROE SERRALTA	Ja Ditter	3.2 NAM		.	Olbando Managa
STREET ADDRESS	9124 COLLINS AVE, APT. 304		1		DDRESS	
CITY-ST-ZIP	SURFSIDE FL		3.4. CIT			
TITLE	D / /?	☐ DELETE	4.1 TITL			Change Addition
NAME	JERRY MITRANI		4. 2 NA	ME		
STREET ADDRESS	9124 COLLINS AVENUE, #301		4.3 STP	REET AL	DDRESS	
CITY-ST-ZIP	Surfside FL	OF CE	4.4 CIT		ZIP	
TITLE	DVP D	☐ DELETE	5.1 7176		ļ	☐ Change ☐ Addition
NAME CIRCIA ADDOSCO	KAPSIS, ANGELICA		5.2 NAI		nnncee .	
STREET ADDRESS	6124 COLLINS AVE. #403 SURFSIDE FL	,	5.3 SFF 5.4 CIT		DORESS	
CITY-ST-ZIP TITLE	DS	DELETE	6.1 TITL		£IF .	Change Addition
NAME	VASILATOS, SANDY		6.2 NA		. }	
STREET ADDRESS	9124 COLLINS AVE. #201				DDRESS	· <u>· · · · · · · · · · · · · · · · · · </u>
2,,,	CIET COLLING MICH WEST		I			

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 30 1997 8:00am

Secretary of State