

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744909 (3)**

1. Corporation Name  
**9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>9124 COLLINS AVE. SURFSIDE FL 33154-3101</b>	Mailing Address <b>9124 COLLINS AVE. SURFSIDE FL 33154-3101</b>
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3. Date Incorporated or Qualified <b>11/13/1978</b>	
4. FEI Number <b>59-2224150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent <b>DE LA PORTILLA, MARIA 3663 SW 8TH ST #205 MIAMI FL 33135</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIERA, LIZ</b>	1.2 NAME	
STREET ADDRESS	<b>9124 COLLINS AVE., APT 305</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMORA, EUGENE</b>	2.2 NAME	
STREET ADDRESS	<b>6124 COLLINS AVE. #302</b>	2.3 STREET ADDRESS	<b>9124 COLLINS AVE. #302</b>
CITY-ST-ZIP	<b>SURFSIDE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORUNATO, JOSE</b>	3.2 NAME	<b>FORTUNATO (LASTNAME)</b>
STREET ADDRESS	<b>9124 COLLINS AVE., APT 401</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRY MITRANI</b>	4.2 NAME	
STREET ADDRESS	<b>9124 COLLINS AVENUE, #301</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPSIS, ANGELICA</b>	5.2 NAME	
STREET ADDRESS	<b>6124 COLLINS AVE. #403</b>	5.3 STREET ADDRESS	<b>9124 COLLINS AVE # 403</b>
CITY-ST-ZIP	<b>SURFSIDE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VASSILATOS, SANDY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>9124 COLLINS # 201</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>SURFSIDE FL 33164</b>

14. 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 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.

SIGNATURE: **JOSE N. FORTUNATO, TREASURER**

**2.17.98**

CR2E037 (10/97)