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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90072 011 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744909

1. Corporation Name

9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

9124 COLLINS AVE.
 SURFSIDE FL 33154-3101

Mailing Address

9124 COLLINS AVE.
 SURFSIDE FL 33154-3101

326167-90072-11



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/13/1978

21

26

4. FEI Number
59-2224150

Applied For
 Not Applicable

22

27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S <input type="checkbox"/> DELETE
NAME	VIERA, LIZ
STREET ADDRESS	9124 COLLINS AVE., APT 305
CITY-ST-ZIP	SURFSIDE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	ZAMORA, EUGENE
STREET ADDRESS	9124 COLLINS AVE #302
CITY-ST-ZIP	SURFSIDE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FORTUNATO, JOSE
STREET ADDRESS	9124 COLLINS AVE., APT 401
CITY-ST-ZIP	SURFSIDE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	JERRY MITRANI
STREET ADDRESS	9124 COLLINS AVENUE, #301
CITY-ST-ZIP	SURFSIDE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KAPSIS, ANGELICA
STREET ADDRESS	9124 COLLINS AVE #403
CITY-ST-ZIP	SURFSIDE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VASSILATOS, SANDY
STREET ADDRESS	9124 COLLINS AVE #201
CITY-ST-ZIP	SURFSIDE FL 33154

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUGO ROJAS
1.3 STREET ADDRESS	9124 COLLINS AV. AP # 303
1.4 CITY-ST-ZIP	SURFSIDE, FL
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRACIELA VALLVE
2.3 STREET ADDRESS	9124 COLLINS AV AP # 404
2.4 CITY-ST-ZIP	SURFSIDE, FL
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EUGENIA BRZSKI
3.3 STREET ADDRESS	9124 COLLINS AV # 202
3.4 CITY-ST-ZIP	SURFSIDE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.99 **305**
 Date Daytime Phone #

CR2E037 (11/98)