


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 744909 1. Entity Name 9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 9124 COLLINS AVE. SURFSIDE FL 33154-3101 | Mailing Address 9124 COLLINS AVE. SURFSIDE FL 33154-3101 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/06)

| | |
|--|----------------|
| 4. FEI Number 59-2224150 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---|
| 6. Name and Address of Current Registered Agent ZAMORA, EUGENE 9124 COLLINS AVE., APT. 302 SURFSIDE FL 33154 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|---|

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.

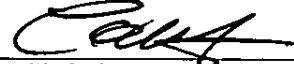
SIGNATURE  DATE **4-2-07**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 | P ZAMORA, EUGENE <input type="checkbox"/> Delete | TITLE | U00000692198 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/13/07-80042-004 70.00 |
| STREET ADDRESS | 9124 COLLINS AVE #302 | NAME | |
| CITY- ST- ZIP | SURFSIDE FL | STREET ADDRESS | |
| CITY- ST- ZIP | SURFSIDE FL | CITY- ST- ZIP | |
| TITLE | T ROJAS, HUGO <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, HUGO | NAME | |
| STREET ADDRESS | 9124 COLLINS AVE., #303 | STREET ADDRESS | |
| CITY- ST- ZIP | SURFSIDE FL 33154 | CITY- ST- ZIP | |
| TITLE | S3 VIERA, LIZ <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VIERA, LIZ | NAME | |
| STREET ADDRESS | 9124 COLLINS AVE #305 | STREET ADDRESS | |
| CITY- ST- ZIP | SURFSIDE FL 33154 | 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 | |
| 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 exemptions contained in Section 119, 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:  **EUGENIO ZAMORA 4-2-07 305-8685076**