

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 08, 2003 8:00 am
Secretary of State

4/1

04-18-2003 90133 005 ****70.00

DOCUMENT # 744909

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2224150**

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

~~DE LA PORTILLA, MARIA~~
~~3000 SW 8TH ST #205~~
~~MIAMI FL 33135~~

7. Name and Address of New Registered Agent

Name **ZAMORA, EUGENE**

Street Address (P.O. Box Number is Not Acceptable)
9124 COLLINS AVE. - APT. #302

SURFSIDE, FLORIDA 33154

City **FL** Zip Code **33154**

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 Eugenio Zamora, President DATE 4-16-03

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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMORA, EUGENE	
STREET ADDRESS	9124 COLLINS AVE #302	OK
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FORTUNATO, JOSE	
STREET ADDRESS	9124 COLLINS AVE, APT 401	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALVE, GRACIELO	
STREET ADDRESS	9124 COLLINS AVE, APT 401	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRSNCK, EUGENIA	
STREET ADDRESS	9124 COLLINS AVE, APT #202	OK
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. DIRECTORS IN 10

TITLE		<input type="checkbox"/> Addition
NAME	PROJAS, HUGO O.	
STREET ADDRESS	9124 COLLINS AVE. #303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SURFSIDE, FLORIDA 33154	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Addition
NAME	MITRANI, JERI	
STREET ADDRESS	9124 COLLINS AVE. - APT. 301	
CITY-ST-ZIP	SURFSIDE, FLORIDA 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without, empowered.

SIGNATURE: Eugenio Zamora, President DATE 4-16-03 DAYTIME PHONE # 305-868-5074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

ATTACHMENT

9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.
9124 COLLINS AVENUE
SURFSIDE, FLORIDA 33154

744909

55038684

May 1st, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Ref: 744909

Gentlemen:

In reference to your letter of April 23 of this year we inform you that the Agent and Directors of this Corporation is as follows:

Agent: ZAMORA, EUGENE
9124 COLLINS AVENUE - APT. 302
SURFSIDE, FLORIDA 33154

P
ZAMORA, EUGENE
9124 COLLINS AVENUE #302
SURFSIDE, FLORIDA 33154

T
ROJAS, HUGO O.
9124 COLLINS AVENUE - APT. 303
SURFSIDE, FLORIDA 33154

D
MITRANI, JERI
9124 COLLINS AVENUE - APT. 301
SURFSIDE, FLORIDA 33154

D
BRESKI, EUGENIA
9124 COLLINS AVENUE - APT. 202
SURFSIDE, FLORIDA 33154

We also corrected the form, Document #744909 as per your instructions.

Please excuse our error in complete the form.

Very truly yours,



Eugene Zamora
President