

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90014 015 ****61.25

DOCUMENT # 749716

1. Entity Name

VENDOME PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4301 COLLINS AVE
MIAMI BCH FL 33140

Mailing Address

4301 COLLINS AVE
MIAMI BCH FL 33140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190044

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESTON, RONALD
4301 COLLINS AVE.
#308
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, MARSHA	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEISS, MOR	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PRESTON, RONALD	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	FISCHMAN, HERB	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATZ, SIMON	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ANDRE ENGEL	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY TUTTLE	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL FOGELMAN	
STREET ADDRESS	4301 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
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		
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 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:

Ronald Preston RONALD PRESTON

JAN. 31 2008 3056721078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #