

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00



1995

DOCUMENT # 755549 (3)

COLLINS PLAZA CONDOMINIUM ASSOC. INC.

RECEIVED
APR 19 1995
10:01
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1334 COLLINS AVE APT 403 MIAMI BEACH FL 33139	1334 COLLINS AVE APT 403 MIAMI BEACH FL 33139	3. Date of Appointment 12/16/1980	3a. Date of Last Request 04/22/1994
21. []	26. []	4. Filing Number 59-2389846	Against Fee Not Applicable
22. Apt. 602	27. Apt. 602	5. Number of Units Covered	\$8.75 Additional Fee Required
23. []	28. []	6. Fee for Change of Name and Address []	\$5.00 May Be Added to Fees
24. []	29. []	7. Number of Units to be Registered []	\$68.75 Supplemental Fee Not Required
25. []	30. []	8. This corporation has submitted for filing the fee under Section 607.01, Florida Statutes. [] Yes [X] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEL RIESGO, MARIA O 1334 COLLINS AVE #403 MIAMI BEACH FL 33139		81. Name SHANER, EMMA	85. Zip Code 33139
		82. Street Address, P.O. Box Number, or Not Applicable 1334 Collins Ave # 602	
		83. City	
		84. State MIAMI BEACH FL	

11. For each of the purposes set forth in Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted in the Statutes of Florida, and the corporation's board of directors, authorized by the corporation's board of directors, hereby accept this appointment as registered agent, can be held without effect the appointment of the new registered agent.

SIGNATURE: *Emma D. Shaner* EMMA D. SHANER 4/7/95

12. OFFICER, APPLICANT, OR AGENT	13. APPLICANT, AGENT, OR OFFICER
NAME: PD DEL RIESGO, MARIA O. 1334 COLLINS AVE #403 MIAMI BEACH FL	NAME: PD EMMA SHANER 1334 collins Avenue #602 MIAMI BEACH, FL
NAME: PD ESOUENAZI, ENRIQUE 1334 COLLINS AVE #301 MIAMI BEACH FL	NAME: vPD POMIER, RUDY 1334 Collins Ave # 304 MIAMI BEACH, FL
NAME: D GONZALEZ, ORLANDO 1334 COLLINS AVE #603 MIAMI BEACH FL	NAME: SD SIQUES VELASCO, ANA 1334 Collins Ave # 604 MIAMI BEACH, FL
NAME: SD POMIER, MARGARITA 1334 COLLINS AVE., #304 MIAMI BEACH FL 33139	NAME: TD SARLABOUS, NILDA 1334 Collins Ave # 201 MIAMI BEACH, FL
NAME: TD SARLABOUS, NILDA 1334 COLLINS AVE., #201 MIAMI BEACH FL	NAME: D RIFA, ANTONIO 1334 Collins Ave # 501 MIAMI BEACH, FL
NAME: D RIFA, ANTONIO 1334 COLLINS AVE., #501 MIAMI BEACH FL 33139	NAME: D CARRAI, HUGO 1334 Collins Ave # 504 MIAMI BEACH, FL

15. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, true and correct, for the purposes stated in Sections 607.01 and 607.02, Florida Statutes, and that the information indicated on this appointment is voluntarily furnished, true and correct, and that my signature shall have the same legal effect as if my name were written in ink on the original of this appointment, and the corporation's board of directors, authorized by the corporation's board of directors, hereby accept this appointment as registered agent, can be held without effect the appointment of the new registered agent.

SIGNATURE: *Nilda C. Sarlabous* NILDA C. SARLABOUS 4/7/95

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
MAY 1 1995

DOCUMENT # **755613** (7)
COMPASS POINT CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Filing Period (Month/Year)		2a. Mailing Address		3. Date Reported or Quasied		3a. Date of Last Report	
21		26		12/19/1980		05/01/1994	
22		27		4. FID Number		Applied For	
23		28		59-1961657		Not Applicable	
24		29		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Has the corporation expanded?		\$5.00 May Be Added to Fees	
				7. Nonprofit with 501(c)(3) status?		\$68.75 Supplemental Fee Not Required	
				8. This corporation has liability for intangible tax under § 199.02, Florida Statutes?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAMBECK, NICK 1630 PERIWINKLE WAY SANIBEL FL 33957				81. Name			
				82. FID Number (Not Applicable)			
				83. Address			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Chapter 199, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the new address of 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 199.02, Florida Statutes.

SIGNATURE: *[Signature]* 4/25/95

12. NAME	13. NAME	14. ACTION
PD CARTER, JANE 7202 MERRIAM RD INDIANAPOLIS IN	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WHELEN, RICHARD NORTHWOOD DR GUILFORD CT	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT ELLISON, LARRY 1299 MIDDLE GULF #151 SANIBEL FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD SCHAEFER, DONALD 13205 WRAYBURN ELM GROVE WI	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SCOTT, MARGE 22816 GARY LN ST. CLAIR SHORE MI	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and is true, and equally for the corporation stated in this filing. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1 or Block 2 of a report of an annual report with any change.

SIGNATURE: *Jane Carter* *JANE CARTER* 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR