

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755549

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: COLLINS PLAZA CONDOMINIUM ASSOC. INC.

**Current Principal Place of Business:**

1045 KANE CONCOURSE  
SUITE 212  
BAY HARBOR, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

1045 KANE CONCOURSE  
SUITE 212  
BAY HARBOR, FL 33154 US

**New Mailing Address:**

FEI Number: 59-2389846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LJ SERVICES GROUP  
1045 KANE CONCOURSE  
SUITE 212  
BAY HARBOR, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARBONELL, ANIBAL  
Address: 1334 COLLINS AVE  
City-St-Zip: MIAMI BCH, FL 33139

Title: VPD ( ) Delete  
Name: GONZALEZ, ORLANDO  
Address: 1334 COLLINS AVENUE  
City-St-Zip: MIAMI, FL 33139

Title: TD ( ) Delete  
Name: SARLABOUS, NILDA  
Address: 1334 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: RIFA, ANTONIO  
Address: 1334 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete  
Name: CHORENS, MABEL  
Address: 1334 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JOHNSON

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date