


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90026 024 ****61.25

DOCUMENT # N00000004898

1. Entity Name
 5600 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 5600 COLLINS AVE
 MIAMI BEACH, FL 33140

Mailing Address
 5600 COLLINS AVE
 MIAMI BEACH, FL 33140

50055427



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

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

07012005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 74-2978743

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROGEL, DAVID H ESQ
 BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DRIVE, SUITE 100
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by September 7, 2005

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 checked="" type="checkbox"/> Delete
NAME	HOBERMAN, RICHARD	
STREET ADDRESS	5600 COLLINS AVE, #9T	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MASON, DAVID	
STREET ADDRESS	5600 COLLINS AVE., #5S	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROZA, MANUEL	
STREET ADDRESS	5600 COLLINS AVE., #15J	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELL, JERROLD	
STREET ADDRESS	5600 COLLINS AVE., #9G	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIAKAN, SEP	
STREET ADDRESS	5600 COLLINS AVE., #	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall C. Amerine	
STREET ADDRESS	5600 COLLINS AVENUE #9M	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebeca F. Yaker	
STREET ADDRESS	5600 COLLINS AVENUE # 8S	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVIE A. DERIN	
STREET ADDRESS	5600 COLLINS AVENUE # 14-KL	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MASON	
STREET ADDRESS	5600 COLLINS AVENUE # 5S	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: _____ **7/2/05** **Date**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR