


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90010 024 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-2978743	Applied For Not Applicable
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMERINE, RANDALL C 5600 COLLINS AVE, # 94 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH ANTONELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5600 COLLINS AVE #10H MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YAKER, REBECA F 5600 COLLINS AVE, # 85 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAKER, REBECA F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 COLLINS AVE # 85 MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVIN, STEVE G 5600 COLLINS AVE, # 14-KL MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBERMAN, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5600 COLLINS AVE #9T MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASON, DAVID 5600 COLLINS AVE, # 55 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rebeca Yaker</u>		01/30/06		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					