

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91718 034 ****61.25

DOCUMENT # N01000004004

1. Entity Name

1551 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**934 16TH STREET #6
 MIAMI BEACH FL 33139**

**934 16TH STREET #6
 MIAMI BEACH FL 33139**

B0120315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1551 Lenox Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33139

4. FEI Number

05-1114540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, GARY L
 % PHILLIPS EISINGER KOSS ROTHSTEIN & ROSEN
 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH
 HOLLYWOOD FL 33021**

Name

Tim Voda

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

Regatta Real Estate

628 6th Street - 2nd Fl.

City

Miami Beach

FL

Zip Code

33139

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GREENWALD, ANDREA S**
 CITY-ST-ZIP **1551 LENOX AVE. #2
 MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GREENWALD, ALLEN R**
 CITY-ST-ZIP **1320 S. DIXIE HWY SUITE 781
 CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GREENWALD, SCOTT A**
 CITY-ST-ZIP **1320 S. DIXIE HWY SUITE 781
 CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **AT Tim Voda**
 STREET ADDRESS **628 6th St**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Tim Voda

5/3/02

3056731940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)