

ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90040 034 ****61.25

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1. Entity Name
 ISLAND CLUB OF SOUTH BEACH CONDOMINIUM
 ASSOCIATION, INC.

Principal Place of Business
 405 N. HIBISCUS DRIVE #1
 MIAMI BEACH, FL 33139 US

Mailing Address
 405 N. HIBISCUS DRIVE #1
 MIAMI BEACH, FL 33139 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202005

Chg-NP

CR2E037 (10/03)

4. FEI Number
 65-1138274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FARINAS, LILLIANA M ESQ.
 C/O BECKER & POLIAKOFF
 5201 BLUE LAGOON DR. # 100
 MIAMI, FL 33126

FARINAS-SABOGAL,
 LILLIANA M

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 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 ☒ Delete
 NAME QUINONES, NORMA
 STREET ADDRESS 405 N. HIBISCUS DRIVE # 209
 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☒ Delete
 NAME VPDT
 NAME CASAS, ANA MARIA
 STREET ADDRESS 405 N. HIBISCUS DRIVE # 201
 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☒ Delete
 NAME SD
 NAME CAPPO, CARL A
 STREET ADDRESS 1408 BRICKELL BAY DRIVE #1404
 CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME QUINTONES, NORMA #VP
 STREET ADDRESS 405 N. HIBISCUS DR # 209
 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☒ Addition
 NAME ZAFIROVA, ALBENA #P
 STREET ADDRESS 405 N. HIBISCUS DR. #107
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☒ Addition
 NAME MOUSSAWEL, ESTRELLA
 STREET ADDRESS 945 SW. 35th St.
 CITY-ST-ZIP MIAMI FL 33165

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05
 Date Daytime Phone #