

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004248	
1. Entity Name TRIBECA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1500 MICHIGAN AVE., #6 MIAMI BEACH, FL 33139	Mailing Address 1500 MICHIGAN AVE., #6 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3644536	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, GARY L C/O PHILLIPS, EISINGER, KOSS & BROWN, P.A. 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH HOLLYWOOD, FL 33021
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREENWALD, ANDREA 934 16TH STREET, #6 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREENWALD, ALLEN R 1320 SOUTH DIXIE HIGHWAY SUITE 781 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GREENWALD, SCOTT A 1320 SOUTH DIXIE HIGHWAY SUITE 781 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/20/04-80047-025 61.25

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: <u><i>Andrea Greenwald</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/14/04</u> 305-604-6005 Daytime Phone #
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