

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90116 017 ****61.25

DOCUMENT # N02000006410

1. Entity Name
18001 COLLINS AVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
18001 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

Mailing Address
C/O DCI ASSOC SERVICES
2035 HARDING ST, # 200
HOLLYWOOD, FL 33020

50000710



2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

01292006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
30-0166801

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MEYROWITZ, ANDREW
C/O DCI ASSOC SERVICES
2035 HARDING STREET, SUITE 200
HOLLYWOOD, FL 33020

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME DP
STREET ADDRESS PRICE, JOAN
CITY-ST-ZIP 106 7TH AVE, # 9
NEW YORK, NY 10011 ☐ Delete

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

TITLE
NAME DVTS
STREET ADDRESS MOSS, DON
CITY-ST-ZIP 18001 COLLINS AVE CONDO, 31ST FL
SUNNY ISLES, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP D/T/S ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS GEFTMAN, JONATHAN
CITY-ST-ZIP 1420 PLEASANT RUN CIRCLE
YARDLEY, PA 19067 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP D/V Michael Mesheriakov
440 Philip Ave.
Staten Island, NY 10312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

305-9321000

Date Daytime Phone #