

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 015 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012007 Chg-NP CR2E037 (12/06)

4. FEI Number
30-0166801

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

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, 2007**

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

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

TITLE DV
NAME MESHERIAKOV, MICHAEL ☒ Delete
STREET ADDRESS 440 PHILIP AVE
CITY-ST-ZIP STATEN ISLAND, NY 10312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P
NAME PILYAVSKY, VITALY ☐ Change ☒ Addition
STREET ADDRESS 3612 RIVERLAND RD.
CITY-ST-ZIP FT. LAUDERDALE - FL-33312

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

TITLE D/P
NAME WEISS, MAX ☐ Change ☒ Addition
STREET ADDRESS 555 FIFTH AVE (E 46th STREET) 19th FL
CITY-ST-ZIP NEW YORK, NEW YORK - 10017

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

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

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:

Don Moss DON MOSS TREAS/Sec. 4/6/07

305-932 1000 x209

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date Daytime Phone #