

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007340

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: THE COLLINS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6917 COLLINS AVE.  
MIAMI BCH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6917 COLLINS AVE.  
MIAMI BCH, FL 33141

**New Mailing Address:**

FEI Number: 34-2014098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RATNER, CHARLES ESQ.  
1800 SUNSET HARBOUR DR., SUITE 2  
MIAMI BCH, FL 33139 US

**Name and Address of New Registered Agent:**

SHENDELL, TAMAR D ESQ.  
3650 NORTH FEDERAL HIGHWAY  
202  
LIGHTHOUSE POINT, FL 33064 US

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: TAMAR D SHENDELL

06/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NAIM, GAVRIEL  
Address: 6917 COLLINS AVE.  
City-St-Zip: MIAMI BCH, FL 33141

Title: VD ( ) Delete  
Name: ROTENBERG, DANIEL  
Address: 6917 COLLINS AVE.  
City-St-Zip: MIAMI BCH, FL 33141

Title: STD ( ) Delete  
Name: KAISER, ODED M  
Address: 6917 COLLINS AVE.  
City-St-Zip: MIAMI BCH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KAISER, ODED M  
Address: 6917 COLLINS AVE.  
City-St-Zip: MIAMI BCH, FL 33141

Title: VD (X) Change ( ) Addition  
Name: ZALEWSKI, PETER  
Address: 6917 COLLINS AVE.  
City-St-Zip: MIAMI BCH, FL 33141

Title: STD (X) Change ( ) Addition  
Name: MANUEL, BLANCO J  
Address: 6917 COLLINS AVE.  
City-St-Zip: MIAMI BCH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODED M KAISER

PD

06/29/2005

Electronic Signature of Signing Officer or Director

Date