


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007340
 1. Entity Name
 THE COLLINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6917 COLLINS AVE. MIAMI BCH, FL 33141	Mailing Address 6917 COLLINS AVE. MIAMI BCH, FL 33141
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2014098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHENDELL, TAMAR D ESQ.
 3650 NORTH FEDERAL HIGHWAY
 202
 LIGHTHOUSE POINT, FL 33064

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAISER, ODED M 6917 COLLINS AVE. MIAMI BCH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZALEWSKI, PETER 6917 COLLINS AVE. MIAMI BCH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANUEL, BLANCO J 6917 COLLINS AVE. MIAMI BCH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Handwritten notes:
 - 1/9/06 000007424172 02/18/06-80038-001 61.25
 - 9L 50050
 - 961.25
 - *Return*

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 JAN 16 2006
 BY: _____

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: *Manuel Blanco* MANUEL BLANCO *1/6/06* 305 867-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #