

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL  
AND  
FILED

07 DEC -2 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-2-07 *JS*



11292007 Chg-NP CR2E037 (12/06)

|   |   |  |   |  |          |
|---|---|--|---|--|----------|
| DOCUMENT # N04000007340   |   |  |   |  |          |
| 1. Entity Name<br>THE COLLINS CONDOMINIUM ASSOCIATION, INC.   |   |  |   |  |          |
| Principal Place of Business<br>6917 COLLINS AVE.<br>MIAMI BCH, FL 33141   |   |  | Mailing Address<br>6917 COLLINS AVE.<br>MIAMI BCH, FL 33141   |  |          |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |   |  |          |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |          |
| City & State  |   | City & State   |   | 4. FEI Number<br>34-2014098  |          |
| Zip   |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |          |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent   |  |          |
| THE COLLINS CONDOMINIUM<br>6917 COLLINS AVE.<br>MIAMI BEACH, FL 33141   |   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |  |          |
| <b>Amended AR is \$61.25</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees   |          |
|   |   |  |   | <b>Make check payable to Florida Department of State</b>                                 |          |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |          |
| TITLE   | P <input type="checkbox"/> Delete             | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |          |
| NAME  | BLANCO, MANUEL                                | NAME   | 500112907365  |  |          |
| STREET ADDRESS  | 6917 COLLINS AVE.                             | STREET ADDRESS   | 12/06/07--01053--002 **\$61.25  |  |          |
| CITY-ST-ZIP   | MIAMI BCH, FL 33141                           | CITY-ST-ZIP  |   |  |          |
| TITLE   | VD <input checked="" type="checkbox"/> Delete | TITLE  | VPresident <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |          |
| NAME  | ZALEWSKI, PETER                               | NAME   | Greg Stubblebine  |  |          |
| STREET ADDRESS  | 6917 COLLINS AVE.                             | STREET ADDRESS   | 6917 Collins Ave.   |  |          |
| CITY-ST-ZIP   | MIAMI BCH, FL 33141                           | CITY-ST-ZIP  | Miami Beach, FL 33141   |  |          |
| TITLE   | ST <input type="checkbox"/> Delete            | TITLE  | Jose Fuentes (Treasurer) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |          |
| NAME  | STUBBLEBINE, GREG                             | NAME   | Jose Fuentes  |  |          |
| STREET ADDRESS  | 6917 COLLINS AVE.                             | STREET ADDRESS   | 6917 Collins Ave.   |  |          |
| CITY-ST-ZIP   | MIAMI BCH, FL 33141                           | CITY-ST-ZIP  | Miami Beach, FL 33141   |  |          |
| TITLE   | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |          |
| NAME  |   | NAME   |   |  |          |
| STREET ADDRESS  |   | STREET ADDRESS   |   |  |          |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |  |          |
| TITLE   | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |          |
| NAME  |   | NAME   |   |  |          |
| STREET ADDRESS  |   | STREET ADDRESS   |   |  |          |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |  |          |
| TITLE   | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |          |
| NAME  |   | NAME   |   |  |          |
| STREET ADDRESS  |   | STREET ADDRESS   |   |  |          |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |  |          |

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:** *Greg Stubblebine*      *30th Nov 2007*      *(305) 910-1080*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #