

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007340

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** THE COLLINS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6917 COLLINS AVE.  
CU1-MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6917 COLLINS AVE.  
SUITE CU1  
MIAMI BEACH, FL 33141

**New Mailing Address:**

6917 COLLINS AVE.  
CU1-MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141

**FEI Number:** 34-2014098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, JOSE  
THE COLLINS CONDOMINIUM ASSOC. INC.  
6917 COLLINS AVENUE, SUITE CU1  
MIAMI BEACH, FL 33141 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FUENTES, JOSE  
Address: 6917 COLLINS AVE #1015  
City-St-Zip: MIAMI BEACH, FL 33141

Title: T  
Name: JESSIKA, LORIE  
Address: 6917 COLLINS AVE APT #1010  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP  
Name: BLANCO, MANUEL  
Address: 6917 COLLINS AVE #1002  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS DURAN

PM

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date