


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90009 036 \*\*\*\*61.25

**DOCUMENT # N05000006422**

1. Entity Name  
 18101 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 18111 COLLINS AVENUE  
 SUNNY ISLES BEACH, FL 33160

Mailing Address  
 18111 COLLINS AVENUE  
 SUNNY ISLES BEACH, FL 33160

PAY DATE 7/21/06  
**20051165**

2. Principal Place of Business  
18101 Collins Ave

3. Mailing Address  
18101 Collins Ave

Suite, Apt. #, etc.



07102006 Chg-NP CR2E037 (4/06)

City & State  
Sunny Isles Beach, FL

City & State  
Sunny Isles Beach, FL

Zip  
33160

Country  
USA

4. FEI Number  
20-3036288

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEAR, DAVID  
 FIELDSTONE LESTER SHEAR & DENBERG LLP  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 September 6, 2006**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	DEZER, MICHAEL	18101 COLLINS AVENUE	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/>
VTD	DEZERTZOV, NEOMI	18101 COLLINS AVENUE	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/>
SD	DEZER, GIL	18101 COLLINS AVENUE	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Neomi Dezertsov 7/10/06 305-932-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #