


**2007 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

08 JAN -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000006422
1. Entity Name
18101 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
18101 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

Mailing Address
18101 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



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
Rogel, David H.
Street Address (P.O. Box Number is Not Acceptable)
Becker & Poliakoff
121 Alhambra Plaza, 10th Floor
Coral Gables, FL FL Zip Code 33134

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 David H. Rogel 12/5/2007
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEZER, MICHAEL 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Albert, William 18101 Collins Ave Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DEZERTZOV, NEOMI 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Shlifer, Simon 18101 Collins Ave Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEZER, GIL 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Levy, Linda 18101 Collins Ave Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kosson, Len 18101 Collins Ave Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 companies.

SIGNATURE: William Albert 12/5/07 305 466 2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #