2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000011

FILED Aug 31, 2007 Secretary of State

Entity Name: 751 COLLINS CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 751 COLLINS AVENUE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** SHUTTS & BOWEN, LLP. ATTN: C RICHARD MORGA SHUTTS & BOWEN, LLP. ATTN: C RICHARD MORGA 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, 33 131 MIAMI, FL 33131 FEI Number: 26-0814860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVE. SUITE 1500 (CRM) MIAMI, FL 33131 ÚS 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RAVEN, ROBERT Name: Name: Address: 30 BEACON CIRCLE Address: City-St-Zip: KIRKLAND, QUEBEC, CANADA, City-St-Zip: Title: () Delete Title: () Change () Addition VAILLANCOURT, MARC Name: Name: Address: 5091 FRASER Address: PIERREFONDS QUEBEC, CANADA, City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BOUTIN, MARIE ANDREE Name: Name: 51 CROISSANT DE LA MOSELLE Address: Address: City-St-Zip: ST - LAMBERT QUEBEC, CANADA. City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT RAVEN D. 08/31/2007