2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000000011

1. Entity Name
751 COLLINS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
751 COLLINS AVENUE MIAMI BEACH, FL 33139	SHUTTS & BOWEN, LLP. ATTN: C RICHARD MORGA 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131

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02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
26-0814860

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVE.
SUITE 1500 (CRM)
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAVEN, ROBERT
STREET ADDRESS	30 BEACON CIRCLE
CITY-ST-ZIP	KIRKLAND, QUEBEC, CANADA,
TITLE	D
NAME	VAILLANCOURT, MARC
STREET ADDRESS	5091 FRASER
CITY-ST-ZIP	PIERREFONDS QUEBEC, CANADA,
TITLE	D
NAME	BOUTIN, MARIE ANDREE
STREET ADDRESS	51 CROISSANT DE LA MOSELLE
CITY-ST-ZIP	ST - LAMBERT QUEBEC, CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80103-025 61.25

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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 empowered.

SIGNATURE: ROBERT RAVEN 02/06/2008 514.747.2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #