2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# N07000008030

Entity Name: 10295 COLLINS AVENUE, RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10295 COLLINS AVENUE
BAL HARBOUR, FL 33154

New Principal Place of Business:

Current Mailing Address:

10295 COLLINS AVENUE
BAL HARBOUR, FL 33154

New Mailing Address:

FEI Number: 74-3227501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRONIG, STEVEN
2525 PONCE DE LEON BOULEVARD
FOURTH FLOOR
MIAMI, FL 33134 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: PD ( ) Delete
Name: SUNSHINE, LOUISE M
Address: 10295 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: STD ( ) Delete
Name: WILLIS, PETER
Address: 10295 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: VD ( ) Delete
Name: MAYBERG, LOUIS
Address: 10295 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAYBERG, LOUIS
Address: 10295 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: VPD (X) Change ( ) Addition
Name: WILLIS, PETER
Address: 10295 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: TSD (X) Change ( ) Addition
Name: SHEHADI, MICHAEL
Address: 10295 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

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: LOUIS MAYBERG PD 09/01/2009

Electronic Signature of Signing Officer or Director — Date