

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003189

FILED  
Jan 06, 2011  
Secretary of State

Entity Name: 9140 COLLINS CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

9140 COLLINS AVE  
SURFSIDE, FL 33154

**New Principal Place of Business:**

9140 COLLINS AVE  
M  
SURFSIDE, FL 33154

**Current Mailing Address:**

9140 COLLINS AVE  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILLEEN, ELAINE  
9140 COLLINS AVE APT M  
SURFSIDE, FL 33154 US

**Name and Address of New Registered Agent:**

KILLEEN, ELAINE  
9140 COLLINS AVE  
APT M  
SURFSIDE, FL 33154 US

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

01/06/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KILLEEN, ELAINE  
Address: 9140 COLLINS AVE. APT M  
City-St-Zip: SURFSIDE, FL 33154

Title: V  
Name: BROUWER, JUANA  
Address: 9140 COLLINS AVE. APT G  
City-St-Zip: SURFSIDE, FL 33154

Title: V  
Name: CICCONE, MARGARET  
Address: 9140 COLLINS AVE. APT A  
City-St-Zip: SURFSIDE, FL 33154

Title: T  
Name: MASEDA, RUBEN  
Address: 9140 COLLINS AVE. APT K  
City-St-Zip: SURFSIDE, FL 33154

I hereby 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 all other like empowered.

SIGNATURE: RUBEN MASEDA

TREA

01/06/2011

Electronic Signature of Signing Officer or Director

Date