

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998 *ag*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24464

(2)

1. Corporation Name

ONE ISLAND PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3801 NE 207TH ST
~~P.O. BOX 001330~~
AVENTURA FL 33180
US

3801 NE 207TH ST
~~P.O. BOX 001330~~
AVENTURA FL 33180
US

REINSTATEMENT

01/22/1988

4. FEI Number

65-0220851

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3801 NE 207 Street
Suite, Apt. #, etc.

26 3801 NE 207 Street
Suite, Apt. #, etc.

22 Mgmt. Office
City & State

27 Mgmt. Office
City & State

23 Aventura FL
Zip Country

28 Aventura FL
Zip Country

24 33180 US

29 33180 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUART ALTMAN
3802 NE 207TH STREET
UNIT 602 TOWER II
MIAMI FL 33180

81 Name Roy Modlin

82 Street Address (P.O. Box Number is Not Acceptable)
3801 NE 207 St. Tower I #401

83

84 City Aventura FL 85 Zip Code 33180

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALTMAN, STUART
STREET ADDRESS 3802 NE 207 ST S802
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE VPD
NAME MODLIN, ROY
STREET ADDRESS 3801 NE 207 S401
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME LICKSTEIN, BARBARA
STREET ADDRESS 3802 NE 207 ST #1203
CITY-ST-ZIP AVENTURA FL ☒ DELETE

TITLE TD
NAME TONIS, DAVID
STREET ADDRESS 3801 NE 207 ST 2104
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME DUBLIN, LEONARD
STREET ADDRESS 3801 NE 207 ST #1204
CITY-ST-ZIP AVENTURA FL ☐ DELETE

TITLE D
NAME GROSS, DOUGLAS
STREET ADDRESS 3801 NE 207TH ST #2801
CITY-ST-ZIP MIAMI FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP
1.2 NAME Elias Salama
1.3 STREET ADDRESS 3803 NE 207 St. TH-7
1.4 CITY-ST-ZIP Aventura, FL 33482 ☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE TD
3.2 NAME Jesse Small
3.3 STREET ADDRESS 3802 NE 207 St. #2403
3.4 CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

4.1 TITLE SD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE D
6.2 NAME Frank DiModica
6.3 STREET ADDRESS 3801 NE 207 St. #404
6.4 CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY MODLIN, Jr. 1/8/99 305-131-0793

Date

Daytime Phone #

CR2E037 (5/98)

0013591