

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB -3 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N29472 (0)

1. Corporation Name

**3000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**3000 ISLAND BLVD
WILLIAMS ISLAND
N MIAMI BEACH FL 33160**

**3000 ISLAND BLVD
WILLIAMS ISLAND
N MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1988

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0090625

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVEN SIEGFRIED, ESQ.
SIEGFRIED, KIPNIS, RIVERA, ET. AL
201 ALHAMBRA CIRCLE, SUITE #1102
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or firm if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	EPSTEIN, AL
STREET ADDRESS	3000 ISLAND BLVD., #502
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	PD
NAME	RABBITO, JOSEPH
STREET ADDRESS	3000 ISLAND BLVD #2004
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	GOLDBERG, SARA
STREET ADDRESS	3000 ISLAND BLVD., #1404
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	SD
NAME	DAVIS, MIRIAM
STREET ADDRESS	3000 ISLAND BLVD., #1405
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	BARON, STAN
STREET ADDRESS	3000 ISLAND BLVD #2001
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	VD
NAME	SCHNEIDER, REUBEN
STREET ADDRESS	3000 ISLAND BLVD #604
CITY-ST-ZIP	N. MIAMI BCH. FL

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	FASS, PAUL	
1.3 STREET ADDRESS	3000 Island Blvd., #1902	
1.4 CITY-ST-ZIP	N. Miami Beach, FL 33160	
2.1 TITLE	SD	☐ Change ☒ Addition
2.2 NAME	MARSH, HENRY	
2.3 STREET ADDRESS	3000 Island Blvd., #604	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33160	
3.1 TITLE	GOLDBERG, SARA (delete)	☒ Change ☐ Addition
3.2 NAME	3000 Island Blvd., #1404	
3.3 STREET ADDRESS	N. Miami Beach, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	DAVIS, MIRIAM (delete)	☒ Change ☐ Addition
4.2 NAME	3000 Island Blvd., #1405	
4.3 STREET ADDRESS	N. Miami Beach, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	BARON, STAN (delete)	☒ Change ☐ Addition
5.2 NAME	3000 Island Blvd.	
5.3 STREET ADDRESS	N. Miami Bch, FL	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

1/24/95

(305) 933-4301

Date

Phone (Area #)