
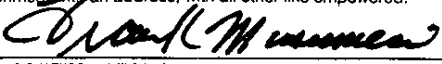


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 036 ****61.25

DOCUMENT # N29472 1. Entity Name 3000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3000 ISLAND BLVD WILLIAMS ISLAND AVENTURA, FL 33160			Mailing Address 3000 ISLAND BLVD WILLIAMS ISLAND AVENTURA, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0090625	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHEL, STANLEY 3000 ISLAND BLVD, #2503 AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Esther Gordon 3000 Island Blvd. 22201/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTEIN, ALVIN 3000 ISLAND BLVD., #502 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Norman Klein 3000 Island Blvd A1703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWARTE, RAE 3000 ISLAND BLVD STE 2603 AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAVIN, RICHARD 3000 ISLAND BLVD #TH03 AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, RUEBEN 3000 ISLAND BLVD #604 AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schneider, Reuben <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGER, HUGH 3000 ISLAND BLVD, #2701 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Werner 3000 Island Blvd. 23001	
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/13/05 305 933 4301 <small>Daytime Phone #</small>		

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07122005 Chg-NP CR2E037 (10/03)