

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90105 040 \*\*\*\*61.25

<b>DOCUMENT # N29472</b> 1. Entity Name <b>3000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3000 ISLAND BLVD WILLIAMS ISLAND AVENTURA, FL 33160</b>			Mailing Address <b>3000 ISLAND BLVD WILLIAMS ISLAND AVENTURA, FL 33160</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0090625</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SKRLD, INC 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KLEIN, NORMAN</b> <b>3000 ISLAND BLVD SUITE 1703</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GOODMAN, MARTIN</b> <b>3000 ISLAND BLVD SUITE 1503</b> <b>NORTH MIAMI BEACH, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KUDARY, BENJAMIN</b> <b>3000 ISLAND BLVD STE 705</b> <b>AVENTURA, FL 33160</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SLAVIN, RICHARD</b> <b>3000 ISLAND BLVD #TH03</b> <b>AVENTURA, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLACH, EDWARD</b> <b>3000 ISLAND BLVD STE 2602</b> <b>AVENTURA, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FURSHMAN, MARSHALL</b> <b>3000 ISLAND BLVD STE 1201</b> <b>AVENTURA, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WALLACH, EDWARD</b> <b>3000 ISLAND BLVD SU. 2602</b> <b>AVENTURA FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>1/4/08 305 9334301</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>Richard SLAVIN</b>					