## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N9400001376 (2) 1. Corporation Name

COLLINS PLAZA SHOPPING CENTER CONDOMINIUM ASSOCIATION, INC.

1666 79TH STREET CAUSWAY, STE. 608 MIAMI BEACH FL 33141

Principal Place of Business

Mailing Address

1666 79TH STREET CAUSWAY, STE. 608 MIAMI BEACH FL 33141



							<ol><li>Date Incorporated or Qualified</li></ol>	1	3a. Date of Last Report		
							03/18/1994		05/01/19	995	
2. Principal Pla	ace of Business	2a. Mailing Addre	2a. Mailing Address				4. FEI Number			pplied For	
21		26	26				65-0581960			Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #,	Suite, Apt. #, etc.						\$8.75	Additional	
22		27					5. Certificate of Status Desired			Required	
City & State	e	City & State	<b></b> ·				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032,			199.032,		
24 25 29 30					Florida Statutes Yes 12 No						
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Re-	gistered #	tgent		
				81	Name						
WEIL, MURRAY B JR.					82 Street Address (P.O. Box Number is Not Acceptable)						
	na.					·					
	ITH STREET CAUSWAY, STE. 6 BEACH FL 33141	00									
MINTAIN	EACH LE 33141		•						1-1-	0.1	
				84	City			FI	<b>85</b> Zip	Code	
44 Divisional	to the are taking of Castions 617 050	2 and 617 1509. Florida	Statutes the abo	البا	amed co	rnorat	ion submits this statement for the nurn		nging its re	egistered office	
or register	red agent, or both, in the State of Flor	ida. Such change was a	authorized by the	corp	oration's I	polard	ion submits this statement for the purp of directors. I hereby accept the appoi	ntment as	registered	agent. I am	
familiar wi	th, and accept the obligations of, Sec	tion 617.0503, Florida 9	Statutes.								
SIGNATURE											
	Signature, typed or printed name of registered age:		(NOTE: Registered	Ager	il signature re	quired v		DATE	DIDECTO	DC INL 10	
12.	OFFICERS AT	ND DIRECTORS	13.	_			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	DELE						L	Change	Addition	
NAME	WEINTRAUB, SAMUEL		1.2 N	AME							
STREET ADDRESS	1666 79TH STREET CAUSW	AY, STE, 608	STE, 608		1.3 STREET ADDRESS						
CITY - ST - ZIP	MIAMI BEACH FL 33141				1.4 CITY-ST-ZIP						
TIFLE	STD	DELI	ETE 2.1 TI	2.1 TITLE				[	☐ Change	Addition	
NAME	WEINTRAUB, ABRAHAM		22 N	2 2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS							
		MI, SIE. 000									
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33141	□DELI		2 4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
	U			3.2 NAME					_ *	_	
NAME	WEIL, MURRAY B JR			33 STREET ADDRESS							
STREET ADDRESS	1666 79TH STREET CAUSW	/AY, STE. 608									
CITY - ST - ZIP	MIAMI BEACH FL 33141	Class			ST-ZIP				1 Change	Addition	
TITLE		☐ DELI							_1 cuantic	☐ vooiiion	
NAME			4.21	IAME							
STREET ADDRESS			4.3 S	TREET	T ADDRESS						
CITY - ST - ZIP				ITY-S	ST-ZIP -						
TITLE		☐ DEL	ETE 5.1 T	ITLE					Change	Addition Addition	
NAME	1		5.2 N	AME							
STREET ADORESS			5.3 S	TREE	ADDRESS						
CITY-ST-ZIP			540	HY-S	ST-ZIP						
TITLE		DEL							Change	■ Addition	
NAME			62 N								
					T ADDRESS						
STREE1 ADDRESS											
CITY-ST-ZIP	by partify that the information supplier	d militar thin filing in continua			ST-ZIP	life for	the exemption stated in Section 110 (	7/31/k) Fk	rida Statut	es I further	

I do nereby certify that the information supplied with this filing is voluntarily turnished 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 greeckyr 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 iffichanged, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #