



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90006 001 ****61.25

DOCUMENT # N94000001376 1. Entity Name COLLINS PLAZA SHOPPING CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6772-6812 COLLINS AVENUE MIAMI, FL 33141 US			Mailing Address 5701 COLLINS AVE #1715 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 316 Virginia Street Suite, Apt. #, etc.		50066597 	
City & State 		City & State Hollywood FL		4. FEI Number 65-0581960	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALIN, JAMES ROGER 5701 COLLINS AVE PH- 14 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Falin, James Roger Street Address (P.O. Box Number is Not Acceptable) 316 Virginia Street City Hollywood FL Zip Code 33019			
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 X Falin P/D FALIN, JAMES ROGER X 9/1/05 <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	PD ROGER FALIN, JAMES 5701 COLLINS AVE PH-14 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALIN, JAMES ROGER 316 VIRGINIA STREET HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALIN, ANTONETTE 9332 BYRON AVE SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALIN, ANTONETTE 316 VIRGINIA STREET HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. P/D					
SIGNATURE: X Falin P/D FALIN, JAMES ROGER X 9/1/05 X 305 478899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					