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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001910

1. Corporation Name

THE CONTINENTAL ON COLLINS AVENUE CONDOMINIUM AS  
SOCIATION, INC.

Principal Place of Business

4000 COLLINS AVE.  
MIAMI BEACH FL 33140

Mailing Address

4000 COLLINS AVE.  
MIAMI BEACH FL 33140



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/18/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0507314
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISINGER, DENNIS  
40000 HOLLYWOOD BLVD.  
STE. 285 SOUTH  
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEJERA, JUAN	1.2 NAME	
STREET ADDRESS	13525 SW 23RD STREET	1.3 STREET ADDRESS	400002830334
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	-04/06/99--01031--009
TITLE	DT	2.1 TITLE	*****61.25 *****61.25
NAME	DANIKIAN, SERGIO J	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6305 WEST 18TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, MICHAEL	3.2 NAME	
STREET ADDRESS	15013 SW 67TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)