


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90053 021 ****61.25

DOCUMENT # N94000001910 1. Entity Name THE CONTINENTAL ON COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4000 COLLINS AVENUE MIAMI BEACH, FL 33140		Mailing Address C/O EXCEL MANAGEMENT ASSOCIATES, INC. 2510 N.W. 97TH AVE., STE. 200 DORAL, FL 33172	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		01122006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0507314 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIQUE, SYLVIA C/O EXCEL MANAGEMENT ASSOC 275 FONTAINBLEAU BLVD #140 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	DP FERNANDEZ, CARLOS <input checked="" type="checkbox"/> Delete	TITLE	DP Spelman, Ronald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13286 SW 99 TERR.	NAME	4000 Collins Ave #423
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	MIAMI BEACH, FL 33140
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, DIANA	NAME	
STREET ADDRESS	924 EL RADO STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, L. MARIA	NAME	Sigarra Lourdes
STREET ADDRESS	800 NW 131 AVE	STREET ADDRESS	4000 S.W. 17th Ave
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONIKIAN, SERGIO	NAME	Scavuzzo, Marc
STREET ADDRESS	6305 WEST 18TH AVE	STREET ADDRESS	871 Lake Drive
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	MIAMI SPRING, FL 33166
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEELMAN, RONALD	NAME	Donikian, Sergio
STREET ADDRESS	4000 COLLINS AVE, #423	STREET ADDRESS	6305 West 18th Ave.
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	Hialeah, FL 33012
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Paz, Edmundo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIANA, JOSE	NAME	
STREET ADDRESS	4150 SW 112 AVE	STREET ADDRESS	1385 Fernlea Drive
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	West Palm Beach, FL 33417
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.			
SIGNATURE: <i>Ronald P Spelman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2 9 06 Daytime Phone #	