


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90088 036 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40063410



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0507314	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <u>PIQUE SYLVIA</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O EXCEL MANAGEMENT ASSOC</u> <u>2510 NW 97 AVE #200</u> City <u>DORAL</u> FL Zip Code <u>33172</u>
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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 *Sylvia Pique* (NOTE: Registered Agent signature required when reinstating) DATE 4/13/07

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPEELMAN, RONALD 400 COLLINS AVE #423 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ACOSTA, DIANA 924 EL RADO STREET CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCAVUZZO MARC 871 LAKE DR. MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIGARROA, LOURDES 9000 SW 17 TURA MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRUZ George 420 FALCON AVE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCAVUZZO, MARC 871 LAKE DR MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, ERIC 4000 COLLINS AVE #422 MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONIKIAN, SERGIO 6305 WEST 18TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZ, EDESMILDO 1385 FERNLEA DR WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA DIANA 924 EL RADO STREET CORAL GABLES, FL 33144 <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.

SIGNATURE: *Eric Johnson* Date 3.12.2007 305.557.3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #