

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90210 016 ****61.25

DOCUMENT # N94000001910

1. Entity Name
**THE CONTINENTAL ON COLLINS AVENUE
CONDOMINIUM ASSOCIATION, INC.**



40037461



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 - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0507314

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIQUE, SYLVIA
C/O EXCEL MANAGEMENT ASSOC
2510 NW AVE #200
DORAL, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☒ Delete
NAME **SPEELMAN, RONALD**
STREET ADDRESS **400 COLLINS AVE #423**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **DP** ☐ Change ☒ Addition
NAME **Fontan, Myrian**
STREET ADDRESS **9250 SW 42nd Street**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **DT** ☒ Delete
NAME **SCAVUZZO, MARC**
STREET ADDRESS **871 LAKE DR**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **DT** ☒ Change ☐ Addition
NAME **Acosta, Diana**
STREET ADDRESS **924 El Rado St.**
CITY-ST-ZIP **Coral Gables, FL 33144**

TITLE **DS** ☒ Delete
NAME **CRUZ, GEORGE**
STREET ADDRESS **420 FALCON AVE**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **DS** ☐ Change ☒ Addition
NAME **PAZ, Ederaldo**
STREET ADDRESS **1385 Fernlea Drive**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **DVP** ☒ Delete
NAME **JOHNSON, ERIC**
STREET ADDRESS **4000 COLLINS AVE #422**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **DVP** ☐ Change ☒ Addition
NAME **JURADO, CESAR**
STREET ADDRESS **11521 NW 89 Court**
CITY-ST-ZIP **Hialeah, Garden, FL 33018**

TITLE **D** ☐ Delete
NAME **DONIKIAN, SERGIO**
STREET ADDRESS **6305 WEST 18TH AVE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **AROSTA, DIANA**
STREET ADDRESS **924 EL RADO ST**
CITY-ST-ZIP **CORAL GABLES, FL 33144**

TITLE **D** ☐ Change ☒ Addition
NAME **ARIANA, Jose'**
STREET ADDRESS **4150 S.W. 112 AVE.**
CITY-ST-ZIP **MIAMI, FL 33165**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/08 305-4366655