

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 16, 2012**  
**Secretary of State**

DOCUMENT# N94000001910

**Entity Name:** THE CONTINENTAL ON COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4000 COLLINS AVENUE  
MIAMI BEACH, FL 33140**New Principal Place of Business:****Current Mailing Address:**C/O THE CAPIN GROUP  
14160 PALMETTO FRONTAGE RD. STE 33  
MIAMI LAKES, FL 33016**New Mailing Address:**16155 SW 117 AVE  
B-14  
MIAMI, FL 33177**FEI Number:** 65-0507314**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CAPIN, BARBARA  
C/O THE CAPIN GROUP  
14160 PALMETTO FRONTAGE RD. STE 33  
MIAMI LAKES, FL 33016 US**Name and Address of New Registered Agent:**PROFESSIONAL MANAGEMENT & ASSOCIATION SERV  
16155 SW 117 AVE SUITE B-14  
MIAMI, FL 33177 US

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.

SIGNATURE: TRINIDAD YARCE

08/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FONTAN, MYRIAN  
Address: 16155 SW 117 AVE SUITE B-14  
City-St-Zip: MIAMI, FL 33177

Title: DT  
Name: FERNANDEZ, CARLOS  
Address: 16155 SW 117 AVE SUITE B-14  
City-St-Zip: MIAMI, FL 33177

Title: D  
Name: PAZ, EDERNILDO  
Address: 16155 SW 117 AVE SUITE B-14  
City-St-Zip: MIAMI, FL 33177

Title: DVP  
Name: JURADO, CESAR  
Address: 16155 SW 117 AVE SUITE B-14  
City-St-Zip: MIAMI, FL 33177

Title: D  
Name: DONIKIAN, SERGIO  
Address: 16155 SW 117 AVE SUITE B-14  
City-St-Zip: MIAMI, FL 33177

Title: S  
Name: ACOSTA, DIANA  
Address: 16155 SW 117 AVE SUITE B-14  
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MYRIAN FONTAN

PD

08/16/2012

Electronic Signature of Signing Officer or Director

Date