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Secretary of State
01-28-2008 90045 002 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003013

1. Entity Name
2000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2000 ISLAND BOULEVARD WILLIAMS ISLAND, FL 33160	2000 ISLAND BOULEVARD WILLIAMS ISLAND, FL 33160

66002582

01162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0597153
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGALL, PETER DR.
2000 ISLAND BOULEVARD
UNIT 2204
AVENTURA, FL 33160

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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: Peter Segall PETER H SEGALL 1-21-08
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEGALL, PETER DR.
STREET ADDRESS	2000 ISLAND BOULEVARD, SUITE 2204
CITY-ST-ZIP	AVNETURA, FL 33160
TITLE	TD
NAME	RAIFFE, LANCE DR.
STREET ADDRESS	2000 ISLAND BLVD., UNIT 1406
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	SD
NAME	PRIZANT, CAROLE
STREET ADDRESS	2000 ISLAND BLVD #402
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	VD
NAME	GALE, WENDY
STREET ADDRESS	2000 ISLAND BLVD. UNIT 1501
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	AS
NAME	WARSHAW, MELVIN
STREET ADDRESS	2000 ISLAND BLVD UNIT 902
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peter Segall PETER SEGALL PRES 3/3/08 3056822000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #