

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N97000004923 (5)**  
 1. Corporation Name  
**2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I NC.**



Principal Place of Business <b>7800 ISLAND BLVD. WILLIAMS ISLAND FL 33160</b>	Mailing Address <b>7900 ISLAND BLVD. WILLIAMS ISLAND FL 33160</b>
--	--

3. Date Incorporated or Qualified <b>08/29/1997</b>	
4. FEI Number <b>65-0780785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2600 ISLAND BOULEVARD</b> Suite, Apt. #, etc. 22 <b>BLDG ADM. OFFICE</b> City & State 23 <b>AVENTURA, FLORIDA</b> Zip 24 <b>33160</b>	2a. Mailing Address 26 <b>2600 ISLAND BOULEVARD</b> Suite, Apt. #, etc. 27 <b>BLDG ADM. OFFICE</b> City & State 28 <b>AVENTURA, FLORIDA</b> Zip 29 <b>33160</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
---	--	--------------------------	--------------------------

9. Name and Address of Current Registered Agent  
**MATUS, ALAN**  
**7900 ISLAND BLVD.**  
**WILLIAMS ISLAND FL 33160**

10. Name and Address of New Registered Agent  
 81 Name **MATUS, ALAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2600 ISLAND BOULEVARD**  
 83 **WILLIAMS ISLAND**  
 84 City **AVENTURA** **FL** 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE Alan Matus, President (NOTE: Registered Agent signature required when reinstating) DATE **3/31/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MATUS, ALAN</b>	
STREET ADDRESS	<b>7900 ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRUMP, STEPHANIE</b>	
STREET ADDRESS	<b>7900 ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>VOLLRATH, ROBERT</b>	
STREET ADDRESS	<b>7900 ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>DIRECTOR/VICE PRESIDENT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HERTZBERG, BERNARD</b>		
2.3 STREET ADDRESS	<b>2600 ISLAND BOULEVARD</b>		
2.4 CITY-ST-ZIP	<b>AVENTURA, FL 33160</b>		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan Matus, President **ALAN MATUS, President 3/31/98 (305) 937-2006**

CR2E037 (10/97)