


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 034 ****61.25

DOCUMENT # N97000004923					
1. Entity Name 2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2600 ISLAND BOULEVARD BLDG ADM OFFICE AVENTURA, FL 33160 US			Mailing Address 2600 ISLAND BOULEVARD BLDG ADM OFFICE AVENTURA, FL 33160 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0780785	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, ROD		NAME		
STREET ADDRESS	2600 ISLAND BLVD #2802		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM, JOEL		NAME		
STREET ADDRESS	2600 ISLAND BOULEVARD #704		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPTON, GEORGE		NAME		
STREET ADDRESS	2600 ISLAND BLVD #1805		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, LAWRENCE		NAME		
STREET ADDRESS	2600 ISLAND BLVD #1802		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDSTEIN, LINDA		NAME		
STREET ADDRESS	2600 ISLAND BLVD #1903		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		<i>Rod L. White</i> ROD L. WHITE PRESIDENT		2/01/06 305-937-2006 Date Daytime Phone #	

40027002



01302006 Chg-NP CR2E037 (11/05)



ATTACHMENT

40027391

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.
2600 ISLAND BOULEVARD
AVENTURA, FL 33160

Subject: 2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Reference Number: 000000091048

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM
ANNUAL REPORTS SECTION