2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004923

FILED Jan 16, 2009 Secretary of State

Entity Name: 2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Pi	New Principal Place of Business:	
2600 ISLAN BLDG ADN	ND BOULEVAR	RD			
	A, FL 33160	US			
Current Mailing Address:		New Mailing Add	New Mailing Address:		
	ND BOULEVAF	RD			
BLDG ADN AVENTUR	/IOFFICE A, FL 33160	US			
	65-0780785	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addre	ss of New Registered Agent:	
HARARI, [
2600 ISLA1	ND BLVD.				
AVENTUR	A, FL 33160	US			
The above	named entity s	ubmits this statement for the pure	oose of changing its regis	tered office or registered agent, or both,	
	of Florida.				
SIGNATUF					
SIGNATUF		c Signature of Registered Agent		Date	
SIGNATUF			ADDITIONS/CHA	Date NGES TO OFFICERS AND DIRECTOR	
OFFICERS	Electronic		Title:		
OFFICERS Title: Name:	Electroni	ORS:		NGES TO OFFICERS AND DIRECTOR	
OFFICERS Title: Name: Address:	Electroni S AND DIRECT PD () WHITE, ROD	ORS: Delete VD #2802	Title: Name:	NGES TO OFFICERS AND DIRECTOR	
OFFICERS Title: Name: Address: City-St-Zip: Title:	Electroni B AND DIRECT PD () WHITE, ROD 2600 ISLAND BI AVENTURA, FL TD ()	ORS: Delete VD #2802	Title: Name: Address: City-St-Zip: Title:	NGES TO OFFICERS AND DIRECTOR	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	Electroni B AND DIRECT PD () WHITE, ROD 2600 ISLAND BI AVENTURA, FL TD () WILLIAM, JOEL	ORS: Delete VD #2802 33160 Delete	Title: Name: Address: City-St-Zip: Title: Name:	NGES TO OFFICERS AND DIRECTOR () Change () Addition	
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OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () WHITE, ROD 2600 ISLAND BI AVENTURA, FL TD () WILLIAM, JOEL 2600 ISLAND BO AVENTURA, FL	TORS: Delete LVD #2802 33160 Delete DULEVARD #704 33160	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROD WHITE PD 01/16/2009