2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N98000004032

Entity Name: 5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5900 COLLINS AVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5900 COLLINS AVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 22-3611845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HESS, DAVID
6345 COLLINS AVENUE
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ROGEL, DAVID
BECKER AND POLIAKOFF
121 ALHAMBRA PLAZA SUITE 1000
CORAL GABLES, FL 33134 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: DAVID ROGEL 04/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WECHSLER, STUART
Address: 5900 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete
Name: TERRINONI, ARLENE C
Address: 5900 COLLINS AVE #402
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD ( ) Delete
Name: AGUIRREBENA, PETER
Address: 5900 COLLINS AVE. #901
City-St-Zip: MIAMI BEACH, FL 33140

Title: AS ( ) Delete
Name: HESS, DAVID
Address: 6345 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: SETLIN, HOWARD
Address: 5900 COLLINS AVE. #1804
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: BRIERER, FREDERICK
Address: 5900 COLLINS AVE #501
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID HESS AS 04/19/2007
Electronic Signature of Signing Officer or Director Date