
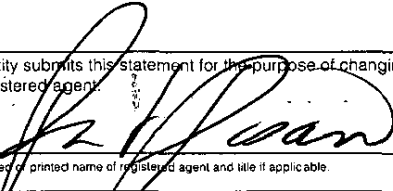
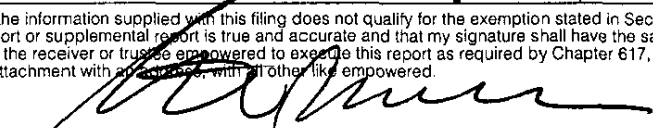


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90001 042 ****61.25

DOCUMENT # N98000004263. 1. Entity Name 7000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7000 ISLAND BLVD AVENTURA, FL 33160			Mailing Address 7000 ISLAND BLVD AVENTURA, FL 33160		
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 65-0859309	
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		
PISANO, PAT 7000 ISLAND BLVD AVENTURA, FL 33160			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 5/19/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing fee is \$61.25 Due by September 8, 2004		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 checked="" type="checkbox"/> Delete	TITLE	PD Gurand, Steven <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLASS, SIDNEY		NAME	7000 Island Blvd.	
STREET ADDRESS	7000 ISLAND BLVD		STREET ADDRESS	Aventura, FL 33160	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD Marshall, M. Keith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, M. KEITH		NAME	7000 Island Blvd.	
STREET ADDRESS	7000 ISLAND BLVD		STREET ADDRESS	Aventura, FL 33160	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, FL 33160	
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARANA, JOSE		NAME	SD Rotbart, Abraham <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	7000 ISLAND BLVD		STREET ADDRESS	7000 Island Blvd.	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD Evans, Jonathan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, HUMBERTO		NAME	7000 Island Blvd.	
STREET ADDRESS	7000 ISLAND BLVD		STREET ADDRESS	Aventura, FL 33160	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, FL 33160	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, JONATHAN		NAME	7000 Island Blvd.	
STREET ADDRESS	7000 ISLAND BLVD		STREET ADDRESS	Aventura, FL 33160	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	Aventura, FL 33160	
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 exemption stated in Section 119.07(3)(i), 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 affidavit, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/19/04 305 931-7716 <small>Daytime Phone #</small>		

54054959



05132004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

**Filing fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GLASS, SIDNEY	
STREET ADDRESS	7000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSHALL, M. KEITH	
STREET ADDRESS	7000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	DD	<input type="checkbox"/> Delete
NAME	ARANA, JOSE	
STREET ADDRESS	7000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, HUMBERTO	
STREET ADDRESS	7000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, JONATHAN	
STREET ADDRESS	7000 ISLAND BLVD	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gurand, Steven	
STREET ADDRESS	7000 Island Blvd.	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, M. Keith	
STREET ADDRESS	7000 Island Blvd.	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rotbart, Abraham	
STREET ADDRESS	7000 Island Blvd.	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evans, Jonathan	
STREET ADDRESS	7000 Island Blvd.	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

639.1