## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9800004263 .  1. Entity Name 7000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.					(	05-21-2004	90001 0	142 ****6	1.25	
Principal Place of Business Mailing Address 7000 ISLAND BLVD 7000 ISLAND BLVD AVENTURA, FL 33160 AVENTURA, FL 33160					,			<b>\$405</b>	4959	
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2. Principal Place of Business		3. Mailing Address			1		[ ]    [ ]    ]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05132004 C	hg-NP	CR2E03	37 (10/03)	a	
City & State		City & State		4. FEI Number 65-085930	09	****	_ <del></del>	oplied For		
Zip	Country	Country Zip			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R				
PISANO, PAT			Nar	)						
7000 ISLAND BLVD 7.50 COMMON AVENTURA, FL 33160			- ··· Stre	et Address (F	et Address (P.O. Box Number is Not Acceptable)					
							==		.,	
2017			City	-	FL Zip Code					
	named entity submits this statement for tions of registered agent:	or the purpose of changing its r	egistered offic	e or register	ed agent, or both, in	the State of Flo	orida. I am : 	familiar with,	and accept	
	16/1	(10000)					إمرار	a.L		
CHONGE										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent	signature required	when reinstaling)		DATE	<u> </u>	<del></del> .	
	Filing ee is \$61.25	9. Election Cam Trust Fund Co	palgn Financi		\$5.00 May Be			c payable t		
D	Filing ree is \$67.25 ue by September 8, 2004	9. Election Cam Trust Fund Co	paign Financi ontribution.	ng 🗆	\$5.00 May Be Added to Fees	Flor	rida Depar	tment of S	tate	
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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 exprowered 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 a charge of the corporation of the receiver or trustee exprowered 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 a charge of the corporation of the receiver or trustee expression of the corporation of the receiver or trustee expression of the corporation of the receiver or trustee expression of the corporation of the receiver or trustee expression of the corporation of the receiver or trustee expression of the corporation of the receiver or trustee expression of the corporation of the receiver or trustee expression of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the corporation of the receiver of th

SIGNATURE:

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR