**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Dec 12, 2024**
**Secretary of State**
**0939840251CC**

DOCUMENT# 729695

**Entity Name:** ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

**Current Principal Place of Business:**

5 ISLAND AVENUE
MANAGEMENT OFFICE
MIAMI, FL 33139

**Current Mailing Address:**

5 ISLAND AVENUE
MANAGEMENT OFFICE
MIAMI, FL 33139 US

**FEI Number: 59-1704505**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGER, RANDALL
621 NW 53RD STREET
SUITE 300
BOCA RATON, FL 33487 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: RANDALL ROGER 12/12/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | DIRECTOR | Title | PRESIDENT |
| Name | SUSOY , SELIN | Name | ROBBINS , JACK |
| Address | 5 ISLAND AVENUE<br>MANAGEMENT OFFICE | Address | 5 ISLAND AVENUE<br>MANAGEMENT OFFICE |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI FL 33139 |
| Title | TREASURER | Title | VP |
| Name | SEJEN, LAURA | Name | DECARO, BRANDAN |
| Address | 5 ISLAND AVENUE<br>MANAGEMENT OFFICE | Address | 5 ISLAND AVE<br>MANAGEMENT OFFICE |
| City-State-Zip: | MIAMI FL 33139 | City-State-Zip: | MIAMI BEACH FL 33139 |
| Title | DIRECTOR | Title | SECRETARY |
| Name | KEAN, ALEXANDER | Name | CUELLO, OSCAR |
| Address | 5 ISLAND AVE<br>MANAGEMENT OFFICE | Address | 5 ISLAND AVE<br>MANAGEMENT OFFICE |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI BEACH FL 33139 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | POPOVICH, DOUGLAS | Name | JOLLEY, NOAH |
| Address | 5 ISLAND AVE<br>MANAGEMENT OFFICE | Address | 5 ISLAND AVE<br>MANAGEMENT OFFICE |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI BEACH FL 33139 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: JACK ROBBINS PRESIDENT 12/12/2024

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | VAZQUEZ, NEIL |
| Address | 5 ISLAND AVE<br>MANAGEMENT OFFICE |
| City-State-Zip: | MIAMI BEACH FL 33139 |