#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729695** 

Entity Name: ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

**FILED** Feb 02, 2022 Secretary of State 0820068126CC

### **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:

RAGAN, GURSKY 5 ISLAND AVENUE MANAGEMENT OFFICE MIAMI, FL 33139 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: GURSKY RAGAN 02/02/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

**5 ISLAND AVENUE** 

Title **TREASURER** Title DIRECTOR Name TILBURY, ANDREW Name JOLLEY, NOAH

Address 5 ISLAND AVENUE Address 5 ISLAND AVENUE MANAGEMENT OFFICE

MANAGEMENT OFFICE

City-State-Zip: City-State-Zip: MIAMI BEACH FL 33139 MIAMI FL 33139

Title **DIRECTOR** Title **PRESIDENT** 

Name LEAH, KAREN Name WAGNER, TRACEE

Address **5 ISLAND AVENUE** Address **5 ISLAND AVENUE** 

> MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: MIAMI FL 33139 City-State-Zip: MIAMI FL 33139

Title DIRECTOR Title DIRECTOR

DECARO, BRANDON PARDO, CARYN Name Name

Address **5 ISLAND AVENUE** Address **5 ISLAND AVENUE** 

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: MIAMI FL 33139 City-State-Zip: MIAMI FL 33139

**DIRECTOR** Title Title VICE PRESIDENT

Name WILKINSON, JANE Name SIMPSON, GEOFFREY

> MANAGEMENT OFFICE MANAGEMENT OFFICE

MIAMI FL 33139 MIAMI FL 33139 City-State-Zip: City-State-Zip:

## Continues on page 2

**5 ISLAND AVENUE** 

Address

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.

02/02/2022 SIGNATURE: TRACEE WAGNER **PRESIDENT** 

# Officer/Director Detail Continued:

Title SECRETARY

Name ZALES, MATTHEW

Address 5 ISLAND AVE

5 ISLAND AVE MANAGEMENT OFFICE

City-State-Zip: MIAMI BEACH FL 33139