## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 729695** 

Entity Name: ISLAND TERRACE CONDOMINIUM ASSOCIATON, INC.

**FILED** Apr 19, 2023 Secretary of State 0171713818CC

## **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 **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: RANDALL ROGER 04/19/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	TREASURER	Title	DIRECTOR
Name	KORLESKI, JOSEPH	Name	SUSOY, SELIN
Address	5 ISLAND AVENUE MANAGEMENT OFFICE	Address	5 ISLAND AVENUE MANAGEMENT OFFICE

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

Title **DIRECTOR PRESIDENT** Title Name LEAH, KAREN Name ROBBINS, JACK Address **5 ISLAND AVENUE** Address **5 ISLAND AVENUE** 

MANAGEMENT OFFICE MANAGEMENT OFFICE

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

Title Title DIRECTOR DIRECTOR SEJEN, LAURA CUELLO, OSCAR 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

Title VICE PRESIDENT DIRECTOR Title

Name KEAN, ALEXANDER Name LUCE. ALEXANDER DANIEL

Address **5 ISLAND AVENUE** Address **5 ISLAND AVENUE** MANAGEMENT OFFICE

MANAGEMENT OFFICE

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

## 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.

04/19/2023 SIGNATURE: JACK ROBBINS **PRESIDENT** 

# Officer/Director Detail Continued:

Title DIRECTOR

Name DECARO, BRANDAN

Address 5 ISLAND AVE

5 ISLAND AVE MANAGEMENT OFFICE

City-State-Zip: MIAMI BEACH FL 33139