

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007340

**Entity Name:** THE COLLINS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC1683724263**

**Current Principal Place of Business:**

6917 COLLINS AVE.  
CU1-MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6917 COLLINS AVE.  
CU1-MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141

**FEI Number: 34-2014098**

**Certificate of Status Desired: No**

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

GURSKY, DARRIN B  
14 NE 1ST AVENUE, SECOND FLOOR  
MIAMI, FL 33132 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FUENTES, JOSE  
Address 6917 COLLINS AVE #1015  
City-State-Zip: MIAMI BEACH FL 33141

Title T  
Name JESSIKA, LORIE  
Address 6917 COLLINS AVE APT #1010  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name BLANCO, MANUEL  
Address 6917 COLLINS AVE #1002  
City-State-Zip: MIAMI BEACH FL 33141

*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: JOSE FUENTES**

**PRESIDENT**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date