

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29472

**Entity Name:** 3000 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC0401206281****Current Principal Place of Business:**3000 ISLAND BLVD  
WILLIAMS ISLAND  
AVENTURA, FL 33160**Current Mailing Address:**3000 ISLAND BLVD  
WILLIAMS ISLAND  
AVENTURA, FL 33160**FEI Number:** 65-0090625**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134 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	KLEIN, NORMAN
Address	3000 ISLAND BLVD
City-State-Zip:	AVENTURA FL 33160

Title	VP
Name	LOTWIN, STANFORD
Address	3000 ISLAND BLVD
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	SLAVIN, RICHARD
Address	3000 ISLAND BLVD
City-State-Zip:	AVENTURA FL 33160

Title	DIR
Name	COHEN, GERALD
Address	3000 ISLAND BLVD
City-State-Zip:	AVENTURA FL 33160

Title	TREASURER
Name	WILLINGER, STEVEN
Address	3000 ISLAND BOULEVARD
City-State-Zip:	AVENTURA FL 33160

Title	DIRECTOR
Name	SHAPIRO, BUD DR.
Address	3000 ISLAND BOULEVARD
City-State-Zip:	AVENTURA FL 33160

Title	DIRECTOR
Name	LEIBER, ARNOLD DR.
Address	3000 ISLAND BOULEVARD
City-State-Zip:	AVENTURA FL 33160

*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: NORMAN S. KLEIN****PRESIDENT****01/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date