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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728556**

1. Corporation Name
KING COLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 BAY DRIVE MIAMI BEACH FL 33141	900 BAY DRIVE MIAMI BEACH FL 33141

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/27/1973

4. FEI Number: 59-1905933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

% HYMAN & KAPLAN
44 W. FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	SLAVIN, BONNIE		1.2 NAME	Bonita H. Slavin	
STREET ADDRESS	900 BAY DRIVE #102		1.3 STREET ADDRESS	900 Bay Drive	
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	M. B. FL 33141	
TITLE	T	☒ DELETE	2.1 TITLE	D T	☐ Change ☒ Addition
NAME	SILVERMAN, ANNE		2.2 NAME	JACK COHEN	
STREET ADDRESS	900 BAY DRIVE #701		2.3 STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOOVER, JIM		3.2 NAME		
STREET ADDRESS	900 BAY DRIVE #LA04		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RESNICK, DR A		4.2 NAME		
STREET ADDRESS	900 BAY DRIVE #1017		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D VP	☒ Change ☐ Addition
NAME	AROCHA, ROLAND		5.2 NAME		
STREET ADDRESS	900 BAY DRIVE, #527		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEINBERG, PAUL		6.2 NAME		
STREET ADDRESS	400 BAY DRIVE #PH05		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Slavin SIGNATURE REQUIRED BONNIE SLAVIN PRESIDENT 4/26/99 (305) 866-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #