


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90021 024 \*\*\*\*61.25

**DOCUMENT # N04000009072**

1. Entity Name  
 ICON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business *Change* Mailing Address *Change*  
 1688 MERIDIAN AVE SUITE 200 MIAMI BEACH, FL 33139  
 1688 MERIDIAN AVE SUITE 200 MIAMI BEACH, FL 33139

20064177



2. Principal Place of Business *450 Alton Rd* 3. Mailing Address *450 Alton Rd.*

Suite, Apt. #, etc. *ICON Condo Assoc.* Suite, Apt. #, etc. *ICON Condo Assoc.*

06302005 Chg-NP CR2E037 (10/03)

City & State *Miami Beach, Fl.* City & State *Miami Beach, Fl.*

4. FEI Number Applied For  Not Applicable

Zip *33139* Country *DADE* Zip *33139* Country *Dade*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HERNANDEZ, ANGEL  
 2828 CORAL WAY  
 PENTHOUSE SUITE  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRONSON, JOYCE 1688 MERIDIAN AVE SUITE 200 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, PAUL 1688 MERIDIAN AVE SUITE 200 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIEMEIER, MARLENE 1688 MERIDIAN AVE SUITE 200 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Julie Bied 450 Alton Rd. Miami Beach, Fl. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marlene Niemeier* *6.30.2005*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #