2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000114

Address:

City-St-Zip:

Entity Name: ICC CONDOMINIUM ASSOCIATION, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 150 ALHAMBRA CIRCLE SUITE 800 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 150 ALHAMBRA CIRCLE SUITE 800 CORAL GABLES, FL 33134 FEI Number: 20-2111950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARTAYA, LIDIA S&K PROPERTY MANAGEMENT, LLC 150 ALHAMBRA CIRCLE SUITE 800 150 ALHAMBRA CIRCLE SUITE 800 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 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: LIDIA CARTAYA 04/25/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition CARTAYA, LIDIA Name: Name: 150 ALHAMBRA CIRCLE SUITE 800 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: (X) Change () Addition KUCZURBA, DIRK Name: KUCZURBA, DIRK Name: Address: 150 ALHAMBRA CIRCLE SUITE 800 Address: 150 ALHAMBRA CIRCLE SUITE 800 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: () Change () Addition LEON, MONICA Name: Name: 150 ALHAMBRA CIRCLE SUITE 800 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition Name: STOCK, VERENA Name: 150 ALHAMBRA CIRCLE SUITE 800 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: Name: EWING, CARLA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DIRK KUCZURBA P 04/25/2008

15074 PARK OF COMMERCE BOULEVARD, UNIT 3

JUPITER, FL 33478