

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728556 (2)

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**



3. Date Incorporated or Qualified
12/27/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
V SAVAGE, MICKEY
STREET ADDRESS
900 BAY DRIVE, #522
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
S BINDER, CHARLES
STREET ADDRESS
900 BAY DRIVE, #806
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
T CHASIN, BEN
STREET ADDRESS
900 BAY DRIVE, #206
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
D SLAVIN, BONITA
STREET ADDRESS
900 BAY DRIVE, #102
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
D AROCHA, ROLAND
STREET ADDRESS
900 BAY DRIVE, #527
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
D STEINBERG, PAUL
STREET ADDRESS
900 BAY DRIVE, #116
CITY-ST-ZIP
MIAMI BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Ben Chasin - **BEN CHASIN** 2/19/96 305-866-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)