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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

**900 BAY DRIVE
MIAMI BEACH FL 33141**

Mailing Address

**900 BAY DRIVE
MIAMI BEACH FL 33141**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

3. Date Incorporated or Qualified

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

P
SLAVIN, BONNIE
900 BAY DRIVE #102
MIAMI BEACH FL 33141

T
SILVERMAN, ANNE
900 BAY DRIVE #701
MIAMI BEACH FL 33141

S
HOOVER, JIM
900 BAY DRIVE #LA04
MIAMI BEACH FL 33141

D
RESNICK, DR A
900 BAY DRIVE #1017
MIAMI BEACH FL

D
AROCHA, ROLAND
900 BAY DRIVE, #527
MIAMI BEACH FL

D
STEINBERG, PAUL
400 BAY DRIVE #PH05
MIAMI BEACH FL 33141

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Bonita H. Slavin**
1.3 STREET ADDRESS **900 Bay Drive**
1.4 CITY-ST-ZIP **M. B. FL 33141**

2.1 TITLE **DT** ☐ Change ☒ Addition
2.2 NAME **JACK COHEN**
2.3 STREET ADDRESS **900 BAY DRIVE**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D VP** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 employed 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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE SLAVIN
PRESIDENT

4/26/99

Date

(305) 866-1644

Daytime Phone #

CR2E037 (11/98)