2005 NOT-FOR-PROFIT CORPORATION

Jan 27, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #729540** 01-27-2005 90056 006 ****61.25 KING'S POINT IMPERIAL CONDOMINUM, INC. Principal Place of Business Mailing Address 50007446 %DCI %DCI 2035 HARDING ST, STE 200 2035 HARDING ST, STE 200 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business Mailing Address ı٥ Suite, Apt. J. Beld Condo Management Suite, Apt. # 8144 Condo Management 01102005 & Maintenance, Inc. Chg-NP CR2E037 (10/03) & Maintenance, Inc. 775 Fontamebleau Blvd., Suite 200 City & 675 Fontainebleau Blvd., Suite 200 Miami, FL 33172 Miami, FL 33172 4. FEI Number 59-1672110 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEVROWITZ, ANDREW %DCI, 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 nebleau Bluc 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. with, and accept the obligations of registered age; SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typ 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete Change ☐ Addition TITLE TITLE MCKENZIE, MICHAEL NAME NAME 220 KINGS POINT DR., #609 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WILLARD, JUSTIN NAME 220 KINGS POINT DR., #214 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE FERNANDEZ, MARISABEL NAME NAME_ 220 KINGS POINT DR., #408 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH, FL 33160 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE CAPPELLANO, MARCELLO NAME NAME 220 KINGS POINT DR., #511 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DT Delete TITLE ☐ Addition ORTEGA, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 220 KINGS POINT DR., #412 SUNNY ISLES BEACH, FL 33160 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP

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

15-05

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with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an addre

SIGNATURE:

FILED