2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2005 8:00 am
Secretary of State
03-18-2005 90071 001 ****61.25

DOCUMENT # N04000006724

1. Entity Name
KIM AIMEE CONDOMINIUM ASSOCIATION, INC.

66013611

Principal Place of Business	Mailing Address
STE 200, 1111 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	STE 200, 1111 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business	3. Mailing Address
4015 N. Meridian Ave.	4015 N. Meridian Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Beach, FL.	Miami Beach, FL.
Zip 33140 Country USA	Zip 33140 Country USA

03152005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1230087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDMAN, MICHAEL K ESQ STE 200, 1111 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	Name ~~ALDO SPAGNOLI~~ KIM AIMEE CONDO ASSOC. ALDO Spagnoli Street Address (P.O. Box Number is Not Acceptable) 4015 N. Meridian Ave. City Miami Beach FL Zip Code 33140

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 _____ 3-15-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GLASER, TODD STE 200, 1111 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. ALDO Spagnoli 4015 N. Meridian Ave. #4 Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LIEBERMAN, ALAN STE 200, 1111 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Martin Dean 4017 N. Meridian Ave Miami Beach, FL. 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LIEBERMAN, DIANA STE 200, 1111 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sect./Treas. Sue Dean 4017 N. Meridian Ave. Miami Beach, FL. 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Aldo Spagnoli Pres. 3-15-05 917.531-11[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #