

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728556

Entity Name: KING COLE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**900 BAY DRIVE
MIAMI BEACH, FL 33141**Current Mailing Address:**900 BAY DRIVE
MIAMI BEACH, FL 33141**FEI Number:** 59-1905933**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EISINGER, BROWN, LEWIS & FRANKEL, P.A.
4000 HOLLYWOOD BLVD
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name COHEN, DAVID
Address 900 BAY DRIVE, UNIT 126
City-State-Zip: MIAMI BEACH FL 33141

Title VP
Name HAGEN, DAVID
Address 900 BAY DRIVE, UNIT #LA-11
City-State-Zip: MIAMI BEACH FL 33141

Title TREA
Name QUINTANA, MATILDE
Address 900 BAY DRIVE, UNIT #910
City-State-Zip: MIAMI BEACH FL 33141

Title SEC
Name AROCHA, ROLAND
Address 900 BAY DR., UNIT # 527
City-State-Zip: MIAMI BEACH FL 33141

Title DIR
Name LINOWITZ, MARC
Address 900 BAY DRIVE, UNIT #404
City-State-Zip: MIAMI BEACH FL 33141

Title DIR
Name LEVINSON, STEVE
Address 900 BAY DRIVE, UNIT #PH-01
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name DERIN, STEVE
Address 900 BAY DRIVE, UNIT # PH-02
City-State-Zip: MIAMI BEACH FL 33141

I hereby 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 all other like empowered.

SIGNATURE: DAVID L. COHEN

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date