

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729540

**Entity Name:** KING'S POINT IMPERIAL CONDOMINIUM, INC.**Current Principal Place of Business:**

C/O ASSOCIATION SPECIALTY GROUP LLC  
220 KINGS POINT DRIVE SUITE 110  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

C/O ASSOCIATION SPECIALTY GROUP LLC  
9050 PINES BOULEVARD SUITE 480  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 59-1672110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

RHONDA HOLLANDER, P.A.  
RHONDA HOLLANDER, P.A.  
314 S. FEDERAL HIGHWAY  
DANIA BEACH, FL 33004 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:** RHONDA HOLLANDER

04/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JANET, SARNO  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            S  
Name            GAUTHIER, JEAN-YVES  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            D  
Name            OLIVIERI, GADDO  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            TREASURER  
Name            HOROWITZ, ROBERT MORELL  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            D  
Name            PARENT, JACQUES G  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

*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:** JANET , SARNO

P

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date