## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729540** 

Entity Name: KING'S POINT IMPERIAL CONDOMINUM, INC.

**FILED** Apr 24, 2019 **Secretary of State** 0234077031CC

# **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:

GERSTLE, ROSEN & GOLDENBERG, P.A. C/O GERSTLE, ROSEN & GOLDENBERG, P.A. 2630 NE 203RD ST. SUITE 104 AVENTURA, FL 33180 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: ASHERANN HANNA-NEWBOLD

04/24/2019

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT Name SARNO, JANET Name GAUTHIER, JEAN IVES

C/O ASSOCIATION SPECIALTY Address

**GROUP LLC** 

9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 City-State-Zip:

> **SECRETARY** Title

Address

Address

City-State-Zip:

C/O ASSOCIATION SPECIALTY

PEMBROKE PINES FL 33024

C/O ASSOCIATION SPECIALTY

9050 PINES BOULEVARD SUITE 480

**GROUP LLC** 

**TREASURER** 

HOROWITZ, ROBERT Name OLIVIERI, GADDO Name

Address C/O ASSOCIATION SPECIALTY

**GROUP LLC** 

9050 PINES BOULEVARD SUITE 480

**GROUP LLC** 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

Title

Name XHEMAJLI, MATT

C/O ASSOCIATION SPECIALTY Address

**GROUP LLC** 

9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 City-State-Zip:

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: JEAN YVES GAUTHIER

VP

04/24/2019