

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009072

**FILED  
Feb 03, 2014  
Secretary of State  
CC7189866110**

**Entity Name:** ICON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

450 ALTON ROAD  
ICON CONDO ASSOC MGMT OFFICE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

450 ALTON ROAD  
ICON CONDO ASSOC MGMT OFFICE  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-1656772

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SIEGFRIED, RIVERA, LERNER, DE LA TORRE PA  
201 ALHAMBRA CIRCLE  
#603  
CORAL GABLES, FL 33134 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 P  
Name STIMMEL, JOHN  
Address 450 ALTON RD, #3801  
City-State-Zip: MIAMI BEACH FL 33139

Title TS  
Name LOGAN, BRYAN  
Address 450 ALTON RD. #1103  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name GIORGIO, VECCHI  
Address 450 ALTON RD. #2901  
City-State-Zip: MIAMI BEACH FL 33139

*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:** JOHN STIMMEL

**PRESIDENT**

**02/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date