

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000114

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

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC6834155933**

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134

**FEI Number:** 20-2111950

**Certificate of Status Desired:** Yes

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

S&K REALTY GROUP, LLC  
150 ALHAMBRA CIRCLE SUITE 800  
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 DP  
Name KUCZURBA, DIRK  
Address 150 ALHAMBRA CIRCLE SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name LEON, MONICA  
Address 150 ALHAMBRA CIRCLE SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name MICHALAKOS, THEMIS  
Address 150 ALHAMBRA CIRCLE SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, VP  
Name EWING, CARLA  
Address 15074 PARK OF COMMERCE  
BOULEVARD, UNIT 3  
City-State-Zip: JUPITER FL 33478

Title D, VP  
Name MCKEE, JANIS M  
Address 15074 PARK OF COMMERCE BLVD.,  
SUITE 22  
City-State-Zip: JUPITER FL 33478

*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:** DIRK KUCZURBA

DP

04/24/2013

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

\_\_\_\_\_  
Date