2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 729540

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

Current Principal Place of Business:

220 KINGS POINT DRIVE
SUITE 110
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

220 KINGS POINT DRIVE
SUITE 110
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 59-1672110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHAADT, RUTH V.P.
220 KINGS POINT DRIVE
110
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DVP	( ) Delete
Name:	SCHAADT, RUTH	
Address:	220 KINGS PT DR SUITE 110	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	DT	( ) Delete
Name:	HOROWITZ, ROBERT	
Address:	220 KINGS POINT DR., SUITE 110	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	DS	( ) Delete
Name:	GAUTHIER, JEAN-YVES	
Address:	220 KINGS PT DR SUITE 110	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	DP	( ) Delete
Name:	PARENT, JACQUES G	
Address:	220 KINGS PT DR SUITE 110	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUTH SCHAADT DVP 03/23/2009

Electronic Signature of Signing Officer or Director — Date