

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749961

FILED
Apr 23, 2006
Secretary of State

Entity Name: KING RICHARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4141 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4141 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

P O BOX 403818
MIAMI BEACH, FL 331401818 US

FEI Number: 59-2138642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSKAR, JOSEPH
3100 COLLINS AVE
MIAMI BCH, FL 33140 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: PR () Delete
Name: URQUIZA, ELSA
Address: 4141 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL

Title: DIR () Delete
Name: VAZQUEZ, JUAN
Address: 4141 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL

Title: VP () Delete
Name: WOLF, DREW
Address: 4141 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL

Title: TD () Delete
Name: LUSKY, JEFFREY
Address: 4141 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL

Title: SEC () Delete
Name: ROBBINS, MARIA
Address: 4141 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: BENEDEK, LUDOVIL
Address: 4141 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL

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

Title: D () Change (X) Addition
Name: FISCHMAN, BESSIE
Address: 4141 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ELSA URQUIZA

P

04/23/2006

Electronic Signature of Signing Officer or Director

Date