

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749961

**FILED**  
**Apr 06, 2011**  
**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:**

P O BOX 403818  
MIAMI BEACH, FL 331401818 US

**New Mailing Address:**

**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:** DIR  
**Name:** ROSENBERG, ABRAHAM  
**Address:** 4141 COLLINS AVENUE  
**City-St-Zip:** MIAMI BEACH, FL

**Title:** DIR  
**Name:** BENEDEK, JOEL  
**Address:** 4141 COLLINS AVE  
**City-St-Zip:** MIAMI BEACH, FL

**Title:** P  
**Name:** DREW, WOLF  
**Address:** 4141 COLLINS AVE  
**City-St-Zip:** MIAMI BEACH, FL

**Title:** D  
**Name:** MARKOWITZ, JOSEPH  
**Address:** 4141 COLLINS AVE  
**City-St-Zip:** MIAMI BEACH, FL

**Title:** D  
**Name:** FISCHMAN, BESSIE  
**Address:** 4141 COLLINS AVE  
**City-St-Zip:** MIAMI BEACH, FL 33140

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:** WOLF DREW

P

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date