

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755786 (1)

1. Corporation Name

KANE CONCOURSE EXECUTIVE BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

~~P.O. BOX 160062~~
~~MIAMI FL 33116~~

3. Date Incorporated or Qualified
01/07/1981

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2242333

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSE GILBERT
1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **JOSE GILBERT**
STREET ADDRESS **~~1400 KANE CONCOURSE~~ 1140 KANE CONCOURSE**
CITY-ST-ZIP **BAY HARBOR ISL FL 33154**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **~~VD~~** ☒ DELETE
NAME **~~MITCHELL RUBENSTEIN~~**
STREET ADDRESS **~~2000 WEST GLADES RD~~**
CITY-ST-ZIP **~~BOCA RATON FL 33154~~**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD**
2.3 STREET ADDRESS **A. JEFFREY BARASH**
2.4 CITY-ST-ZIP **1140 KANE CONCOURSE - 4TH FLOOR**
BAY HARBOR ISLANDS, FL 33154

TITLE **TD** ☐ DELETE
NAME **ROBERT HARRY SILVERS**
STREET ADDRESS **1140 KANE CONCOURSE**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert Silvers** 1/22/96 864-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)