## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

KANE CONCOURSE EXECUTIVE BUILDING CONDOMINIUM AS SOCIATION, INC.

## **FILED** Feb 06 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		i inutit suum ailat sitti lassi idila ailt ainii aibit alati ailti sidii aidi	
1140 KANE CONCOURSE 5TH FLOOR		- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3. Date Incorporated or Qualified	
BAY HARBOR ISLANDS FL 33154 US		- 1140 KANE GONGOURSE - 5TH FLOOR -BAY HARBOR ISLANDS FL 33154		01/07/1981	
1-		-US		4. FEI Number Applied For	
				59-2242333 Not Applicab	
2. Principal Place of Business		2a. Mailing Address 26 1140 KANE CONCOURSE		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27 FIFTH FLOOR		Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28 BAY HARBO		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30 US	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
			81 NameA	. JEFEREY BARASH	
JOSE GILIBERT 82 Street A				ddress (P.O. Box Number is Not Acceptable)	
< 1140 KANE CONCOURSE				40 KANE CONCOURSE	
BAY_HARBOR ISLANDS FL_33154			83	IFTH FLOOR	
			84 City	HARBOR ISLANDS FL 85 ZID COOL	
11					
office or re	11. Pursuant to the provisions of Scetlon's 617.0507 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or boilt 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.				
agent. I a	m familial with, and accept the obliga	itions of Section 617.0503, Flo.	rida Statutes.	1.25-00	
I SIGNATURE ✓		~~~		1-20-48	
12.	Signature, typed or printed rearie of registered age: OFFICERS AND		Registered Agent signature roof	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CENS AND	DELETE	1,1 TITLE	Change Addition	
NAME	JOSE GILIBERT	55616	1.2 NAME		
1	1140 KSNR CONCOURSE 3RE	-CLAAD		40 KANE CONCOURSE - 3RD FLOOR	
STREET ADDRESS	BAY HARBOR ISL FL	FLOOR		HO HAME CONCOURSE SANTEDON	
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 CITY-ST-ZIP	Change Additio	
NAME	BARASH, A-J	المالين المالين	<b>3</b>	A.JEFFREY BARASH	
I	1140 KANE CONCOURSE - 4T	יע בו סספ	2.2 NOVIE  2.3 STREET ADDRESS	AUTEL LUE OULAND	
STREET ADDRESS	BAY HARBOR ISLANDS FL	IT FLOOR			
CITY-ST-ZIP	TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Additio	
NAME	ROBERT HANRY SILVERS	- sec.	4	— · —	
STREET ADDRESS	1140 KANE CONCOURSE 5TH	FLOOR	3.3 STREET ADDRESS	robert Henry Silvers	
	BAY HARBOR ISLANDS FL	LOUR	3.4. CITY-ST-ZIP		
CITY-ST-ZIF TITLE	DAT TIMEBOT INCHINDS I'L	DELETE	3,4, GTY-ST-ZIP 4,1 TITLE	Change Additio	
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME	Justile	
\			5.3 STREET ADDRESS		
STREET ADOFESS			***		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	
NAME			6.2 NAME	E Silange Z Addition	
			1		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied wit	th this filing does not qualify for	6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
I I HELEDA O	Aren's more than transmission of the following the contract of	arano ming good not quality to	THE WORLDHOUS STREET	in seedon in the control of the cont	

indicated on this annual report of 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 true ee 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: >