

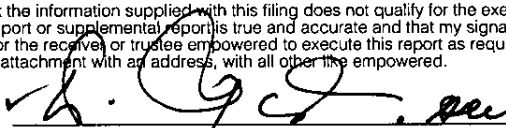


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90070 023 ****61.25

DOCUMENT # 755786 1. Entity Name KANE CONCOURSE EXECUTIVE BUILDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOR ISLANDS, FL 33154 US				Mailing Address 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS, FL 33154 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;"> 40003603  </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 01072005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2242333 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable </div>	
6. Name and Address of Current Registered Agent BARASH, A. JEFFREY 1140 KANE CONCOURSE 4TH FLOOR BAY HARBOR ISLANDS, FL 33154				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between; font-size: small;"> <div> Filing Fee is \$61.25 Due by May 1, 2005 </div> <div> <input type="checkbox"/> Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution </div> <div> \$5.00 May Be Added to Fees </div> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE GILBERT 1140 KANE CONCOURSE- 3RD FLOOR BAY HARBOR ISL, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARASH, A. JEFFREY 1140 KANE CONCOURSE - 4TH FLOOR BAY HARBOR ISLANDS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVERS, ROBERT HENRY 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOR ISLANDS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 1/31/05 Daytime Phone #: 305.868.7800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		