

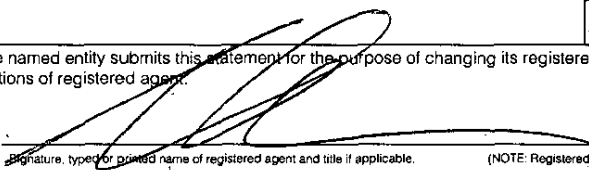
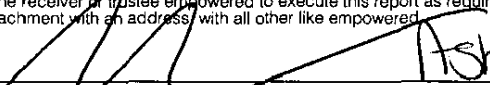


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90245 024 ****70.00

DOCUMENT # N01000000751 1. Entity Name KING DAVID CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 N FEDERAL HWY SUITE 410 BOCA RATON, FL 33432			Mailing Address 900 N FEDERAL HWY SUITE 410 BOCA RATON, FL 33432		
2. Principal Place of Business 7100 W. Camino Real Suite, Apt. #, etc. Suite 402 City & State Boca Raton, FL Zip 33433 Country USA		3. Mailing Address 7100 W. Camino Real Suite, Apt. #, etc. Suite 402 City & State Boca Raton, FL Zip 33433 Country USA			
04142004 Chg-NP CR2E037 (10/03)		4. FEI Number 32-0072256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WALLACK, MICHAEL M ESQ. 27 FLETCHER AVENUE SARASOTA, FL 33437	
7. Name and Address of New Registered Agent Name Michael M. Wallack, Esq. Street Address (P.O. Box Number is Not Acceptable) Sarasota City Center, Suite 1100 1819 Main Street City Sarasota FL Zip Code 34236				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:  DATE: 4/22/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, LEONARD 900 N FEDERAL HWY BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gross Leonard 7100 W. Camino Real Suite 402 Boca Raton, Florida 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOOM, DIANE 900 N FEDERAL HWY BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLOOM ASHLEY 7100 W. Camino Real Suite 402 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLOOM, ASHLEY 900 N FEDERAL HWY BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLOOM ASHLEY 7100 W. Camino Real Suite 402 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Ashley Bloom 4/22/04 561-417-7115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		