

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90005 006 \*\*\*\*61.25

**DOCUMENT # N05000011971**

1. Entity Name  
**I.C.K. WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
~~2350 SW 30TH AVENUE~~  
~~PEMBROKE PARK, FL 33009~~

Mailing Address  
~~2350 SW 30TH AVENUE~~  
~~PEMBROKE PARK, FL 33009~~

65043066

2. Principal Place of Business

**4000 ISLAND BLVD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**1806**

Suite, Apt. #, etc.

08312006

Chg-NP

CR2E037 (4/06)

City & State

**AVENTURA, FL**

City & State

4. FEI Number

**41-221193**

Applied For

Not Applicable

Zip

**33160**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAUFMAN, ISIDORE CYRIL**  
**2350 SW 30TH AVENUE**  
**PEMBROKE PARK, FL 33009**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **KAUFMAN, ISIDORE CYRIL**  
STREET ADDRESS ~~2350 SW 30TH AVENUE~~  
CITY-ST-ZIP ~~PEMBROKE PARK, FL 33009~~

TITLE **DV** ☐ Delete  
NAME **KAUFMAN, MARK**  
STREET ADDRESS ~~2350 SW 30TH AVENUE~~  
CITY-ST-ZIP ~~PEMBROKE PARK, FL 33009~~

TITLE **SD** ☐ Delete  
NAME **KAUFMAN, DONNA**  
STREET ADDRESS ~~2350 SW 30TH AVENUE~~  
CITY-ST-ZIP ~~PEMBROKE PARK, FL 33009~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **4000 ISLAND BLVD., #1806**  
STREET ADDRESS **AVENTURA, FL 33160**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **4000 ISLAND BLVD., #1806**  
STREET ADDRESS **AVENTURA, FL 33160**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **4000 ISLAND BLVD., #1806**  
STREET ADDRESS **AVENTURA, FL 33160**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/06.

Date

Daytime Phone #