

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004718

FILED
Apr 27, 2009
Secretary of State

Entity Name: KING XVIII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13315 NE 6TH AVE APT #1
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1001 NORTH MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD STE 350
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHELMINSKY, STEVE
Address: 13315 NE 6TH AVE UNIT 1
City-St-Zip: N MIAMI, FL 33161

Title: VD () Delete
Name: CHELMINSKY, ALLEN
Address: 3988 194 LN
City-St-Zip: SUNNY ISLES, FL 33160

Title: SD () Delete
Name: COHEN, KOBI
Address: 19390 COLLINS AVE APT #721A
City-St-Zip: SUNNY ISLES, FL 33160

Title: T () Delete
Name: COHEN, ELI
Address: 9273 COLLINS AVE APT #105
City-St-Zip: SURFSIDE, FL 33159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COHEN, YAKOV
Address: 275 189TH TER
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CHELMINSKY

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date