

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007553

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** INDUSTRY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1550 LENOX AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

309 23RD STREET  
SUITE 300  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 20-5219054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, GARY L  
4000 HOLLYWOOD BOULEVARD  
SUITE 265 SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

VODA, TIMOTHY  
309 23RD ST.  
SUITE 300  
MIAMI BEACH, FL 33139 US

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: TIMOTHY VODA

04/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GREENWALD, SCOTT A  
Address: 7301 SW 57TH COURT #565  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: STD ( ) Delete  
Name: GREENWALD, ALLEN R  
Address: 7301 SW 57TH COURT #565  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VD ( ) Delete  
Name: GREENWALD, ANDREA  
Address: 1500 MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: SCOTT GREENWALD

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date