

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011923

FILED  
Jan 17, 2012  
Secretary of State

Entity Name: ICCA MIAMI 2014, INC.

**Current Principal Place of Business:**

1200 ANASTASIA AVE SUITE 213  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1200 ANASTASIA AVE SUITE 213  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-4675236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: DP  
Name: LANDY, BURTON A  
Address: 1200 ANASTASIA AVE. SUITE 213  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DVP  
Name: FREEDBERG, JUDITH A  
Address: 1200 ANASTASIA AVE. SUITE 213  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DVP  
Name: PALMER, EDUARDO  
Address: 1200 ANASTASIA AVE. SUITE 213  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DT  
Name: LORENZO, RICHARD C  
Address: 1200 ANASTASIA AVE. SUITE 213  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DS  
Name: ROONEY, JOHN R  
Address: 1200 ANASTASIA AVE. SIRE 213  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: BURTON A. LANDY

DP

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date