

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004590

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC8391092295**

**Entity Name:** ICON PROPERTY TRUST CORP.

**Current Principal Place of Business:**

927 N.W. 6TH ST.  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

927 N.W. 6TH ST.  
POMPANO BEACH, FL 33060 US

**FEI Number:** 65-1045273

**Certificate of Status Desired:** No

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

ELLINGTON, CHARLES SR.  
137 N.W. 15TH STREET  
POMPANO BEACH, FL 33060-5434 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name THORPE, TANYA  
Address 137 NW 15TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title V  
Name ELLINGTON, CHARLES JR  
Address POST OFFICE BOX 100564  
City-State-Zip: FT. LAUDERDALE FL 33310

Title S  
Name ROBINSON, DONNETTA  
Address 6407 BRAEBURN  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title TR  
Name ELLINGTON, CHARLES SR.  
Address 137 N.W. 15TH ST.  
City-State-Zip: POMPANO BEACH FL 33060-5434

Title CEO  
Name ELLINGTON, MATTHEW  
Address 927 N.W. 6TH ST.  
City-State-Zip: POMPANO BEACH FL 33060

*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:** CHARLES ELLINGTON

**TREASURE**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date