



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90035 040 \*\*\*\*61.25

<b>DOCUMENT # 705586</b>					
1. Entity Name <b>PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1511 S.E. 15TH COURT DEERFIELD BCH, FL 33441 US</b>			Mailing Address <b>500 NE SPANISH RIVER BLVD STE #18 BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2769588</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILLIS, ERNEST W C/O BEACON PROPERTY MGMT., INC. 500 NE SPANISH RIVER BLVD. #18 BOCA RATON, FL 33431</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACIUK, EDWARD		NAME	Taciuk, Edward	
STREET ADDRESS	1511 SE 15TH CT #205		STREET ADDRESS	1511 SE 15 ct #205	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMICOLA, MARILYN		NAME	Formicola, Marilyn	
STREET ADDRESS	1511 SE 15TH COURT, #102		STREET ADDRESS	1511 SE 15 ct #102	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTUNEAC, ALAN		NAME	Woodland, Eileen	
STREET ADDRESS	1511 SE 15TH CT #404		STREET ADDRESS	3620 Stonecreek Cres.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Mississauga, Ontario, Canada L4Y3S7	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNEMAN, NINA		NAME	Juneman, Nina	
STREET ADDRESS	1511 SE 15TH CT #301		STREET ADDRESS	1511 SE 15 ct #301	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALESTIN, LINDA		NAME	Valestin, Linda	
STREET ADDRESS	1511 SE 15TH COURT, #502		STREET ADDRESS	1511 SE 15 ct #502	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORMICOLA, MICHAEL		NAME	Loeher, John	
STREET ADDRESS	1511 SE 15TH COURT #102		STREET ADDRESS	1511 SE 15 ct #305	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Deerfield Beach, FL 33441	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____				Date: <b>561-750-6040</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

# 2005 NOT-FOR-PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

<b>DOCUMENT # 705586</b> 1. Entity Name <b>PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 1511 S.E. 15TH COURT DEERFIELD BCH, FL 33441 US		Mailing Address 500 NE SPANISH RIVER BLVD STE #18 BOCA RATON, FL 33431 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		Country
		4. FEI Number 59-2769588
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  WILLIS, ERNEST W C/O BEACON PROPERTY MGMT., INC. 500 NE SPANISH RIVER BLVD. #18 BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TACIUK, EDWARD 1511 SE 15TH CT #205 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	D Douglas, Thomas Earl 1511 SE 15 ct #303 Deerfield Beach, FL 33441
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORMICOLA, MARILYN 1511 SE 15TH COURT, #102 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTUNEAC, ALAN 1511 SE 15TH CT #404 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD JUNEMAN, NINA 1511 SE 15TH CT #301 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALESTIN, LINDA 1511 SE 15TH COURT, #502 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMICOLA, MICHAEL 1511 SE 15TH COURT #102 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>5/6/05</b> Daytime Phone #: <b>750-0040</b>

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