

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90246 023 \*\*\*\*61.25

**DOCUMENT # 716074**  
 1. Entity Name  
 TELSTAR CONDOMINIUM, INC.



Principal Place of Business: 1811 JEFFERSON STREET, HOLLYWOOD, FL 33020  
 Mailing Address: 1811 JEFFERSON STREET, HOLLYWOOD, FL 33020

50018478

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number: 59-1364959 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~OSTRENKO, KIM  
 1811 JEFFERSON ST #410  
 HOLLYWOOD, FL 33020~~  
**HORIZON MAINTENANCE  
 5618 Hollywood Blvd.  
 HOLLYWOOD, FL 33021**

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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: JOE PECKO *[Signature]* DATE: 4-17-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<del>PTX</del>
NAME	OSTRENKO, KIM
STREET ADDRESS	1811 JEFFERSON ST #410
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	VPD
NAME	PETRILLO, MICHAEL
STREET ADDRESS	1811 JEFFERSON ST., #608
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	WAGERS, SAM
STREET ADDRESS	1811 JEFFERSON ST., #604
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	S
NAME	<del>LOWE, KIM</del> <i>Marja Valentine</i>
STREET ADDRESS	1811 JEFFERSON STREET <del>#410</del> # 506
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	•
NAME	<del>FAULKNER, ANDREW</del> <i>Dulee Constanta (Treasurer)</i>
STREET ADDRESS	1811 JEFFERSON STREET # <del>505</del> 704
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4/26/06 (954) 924-4566  
Business Phone #