


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 725300 1. Entity Name LORRAINE CONDOMINIUM, INC.					
Principal Place of Business 410 SOUTHEAST 4TH AVENUE HALLANDALE FL 33009			Mailing Address 410 SOUTHEAST 4TH AVENUE HALLANDALE FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1648561	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANNO, JOAN M. 2500 EAST HALLANDALE BEACH BLVD., STE. 319 HALLANDALE FL 33009			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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	DUUUU0235151 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANATSELOS, ANNA		NAME	02/18/05-80049-007 61.25	
STREET ADDRESS	410 SE 4TH AVE #7		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANATSELOS, CHARLIE		NAME		
STREET ADDRESS	410 SE 4TH AVE #7		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZZIO, WILLIAM		NAME		
STREET ADDRESS	410 SE 4TH AVE #9		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALISE, SUZETTE		NAME		
STREET ADDRESS	410 SE 4 AVE #5		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGUNA, MARIA		NAME		
STREET ADDRESS	410 SE 4TH AVE #3		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTUN, ELIZABETH		NAME		
STREET ADDRESS	410 SE 4 AVE #8		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ANNA CANATSELOS <i>Anna Canatselos</i>			2-15-05 954-454-2041		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		