2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90017 041 ****61.25

DOCUMENT # 725554

1. Entity Name

SECTION TEN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6724 NW 61 STREET SECTION 10 ASSOC. TAMARAC FL 33321-5619	6724 NW 61 STREET SECTION 10 ASSOC. TAMARAC FL 33321-5619

MOORE CR2E037 (11/03)

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 23-7320950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCADAMS, MARYELLEN
6008 NW 66 TERR
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name Jerry Callaghan
Street Address (P.O. Box Number is Not Acceptable) 6008 NW 71 Avenue
City Tamarac FL Zip Code 33321

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 Jerry Callaghan 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALLING, SHIRLEY 6016 N.W. 66 TERR. TAMATARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDP LICKER, MICHAEL 6000 NW 66 TERR. TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PDP Reiss, Joan 6105 NW 69 Ave Tamarac FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP SERRANO, JUAN 6100 NW 40 AVENUE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PVP Robles, marge 5904 NW 69 Ave Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD MCADAMS, MARYELLEN 6008 NW 66 TERR TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SVPD Callaghan, Jerry 6008 NW 71 Ave Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KING, CECIL 6715 NW 60 ST. TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S Watson, Dolores 6715 NW 60 St. Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Shirley Walling 2/1/04 954-720-9294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #