

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90056 020 ****61.25

DOCUMENT # 726380

1. Entity Name
CONNEMARA ASSOCIATION, INC.



Principal Place of Business
**5420 N OCEAN DRIVE
101
SINGER ISLAND, FL 33404 US**

Mailing Address
**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US**

40048057



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1577326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORTE, LORRAINE H
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE SD ☐ Delete
NAME SAMMET, CELESTE
STREET ADDRESS 5420 N OCEAN DR # 1405
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE TD ☐ Delete
NAME CLEMENT, IRA
STREET ADDRESS 5420 N OCEAN DR 1206
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE PD ☒ Delete
NAME STROKER, ARLENE
STREET ADDRESS 5420 N OCEAN DR, #806
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE D ☐ Delete
NAME BAILEY, ROBERT
STREET ADDRESS 5420 N OCEAN DR 906
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE D ☐ Delete
NAME TAVIS, TIMOTHY
STREET ADDRESS 5420 N. OCEAN DR., #704
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE VPD ☒ Delete
NAME BOZZOMD, JOHN
STREET ADDRESS 5420 N. OCEAN DR 1801
CITY-ST-ZIP SINGER ISLAND, FL 33404

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME RICE, BERNARD
STREET ADDRESS 5420 N. OCEAN DR. #1404
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME GLOBOKAR, JUSIE
STREET ADDRESS 5420 N. OCEAN DR # 1104
CITY-ST-ZIP SINGER ISLAND, FL 33404

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:

Robert Bailey

3-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#726380

ATTACHMENT

40048057 B

ADDITION

MURZBARD, GARY
5420 N. OCEAN DR. # 403
SINGER ISLAND, FL 33404