2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # 728073 1. Entity Name

DURHAM "R" CONDOMINIUM ASSOCIATION, INC.



FILED May 25, 2005 8:00 am Secretary of State 05-05-2005 90139 001 15,373.75

DOING A CONSCIENT ACCOUNTING.												
Principal Place of Business Mailing Address												
3501 WEST		OF CENTURY VILLAG 33442-2085	3501	DO OWNERS OR WEST DRIVE RFIELD BEACH FI			ILLAGE	innii an	o bullan		fish niah diril di	WIND ON STRA
Principal Place of Business 3.			3. Mai	3. Mailing Address								
Suite, Apt. ₩, etc.			Suite, Apt. #, etc.					1st M	OORE	CR2E0	37 (10/04)	
City & State			City & State				4. FEI Number	59-190604	0		pplied For ot Applicable	
Zip	Country			Zip		Country		5. Certificate of S		0	\$8.75 Ac Fee Requir	
	6. Name	and Address of Current	l Register	ed Agent		Name		7. Name and Ad	dress of New	Registered	Agent	
CONDOMINIUM OWNERS ORG., OF CVE, I				CVE, INC.	Street Address (F			O. Box Number is	Not Acceptab	ie)		
3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085												
				City				FL Zip Code				
	named entity	y submits this statement fered agent.	or the purp	oose of changing its	register	ed office or a	register	ed agent, or both, in	the State of F	lorida. Lam	familiar with	, and accept
SIGNATURE	Signature Mond	or printed name of registered agen	i and tide if an	olicabin (NOT	F Rengia	of Anert somehin	te centre de	when reinstating)		DATE	····-	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State						
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	Due By	·	IRECTORS	Trust Fund (ion. [Flori	ida Depa	rtment of	State
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10.	Due By	May 1, 2005 OFFICERS AND D T, SUZANNE	IRECTORS	Trust Fund (11.	sion.	 VP ≜	Added to Fees	Flori SES TO OFFICE	ida Depa	rtment of	State
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information included in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

LOURS BILL DELLINGER LATURE AND TYPED OR PRODUCT MANNE OF SKINDING OFFICER OR DIRECTOR 4/4/05