

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90097 050 ****61.25

DOCUMENT # 729538

1. Entity Name
SPYGLASS CONDOMINIUM, INC. I



Principal Place of Business
 9100 W. COMMERCIAL BLVD
 STE 107
 LAUDERHILL, FL 33319 US

Mailing Address
 7100 WEST COMMERCIAL BLVD
 SUITE 107
 LAUDERHILL, FL 33319

50011451

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1562889

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
AMBASSADOR COMMUNITY MGMT
7100 W. COMMERCIAL BLVD
SUITE 107
LAUDERHILL, FL 33319

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 _____ DATE _____
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, 2005

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 | VD TUDOR, BERNARD 9429 NE 65 ST TAMARAC, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HECHT, LARRY 6546 NW 98TH TERRACE TAMARAC, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GAIR, HENRY 95644 NW 65TH STREET TAMARAC, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD Gair, Henry 95644 N.W. 65th St. Tamarac, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHUSHANE, DEAN 6558 NW 98 TERRACE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Discepolo, Ciro (Jerry) 6562 N.W. 98th Terr. Tamarac, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOWITT, LOUIS 9524 N.W. 65 ST TAMARAC, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Hart, Beatrice 6541 N.W. 99th Ave Tamarac, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOWITT, NAN 9536 N.W. 65 ST TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Larry Hecht* **2/2/2005** **954-741-8811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #