

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


FILED
Jun 01, 2004 8:00 am
Secretary of State

05-07-2004 90124 009 ****61.25

00420223



MOORE CR2E037 (11/03)

DOCUMENT # 732671			
1. Entity Name 709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 709 CURTISS PARKWAY MIAMI SPRINGS FL 33166		Mailing Address 709 CURTISS PARKWAY MIAMI SPRINGS FL 33166	
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 59-1640243		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENSHEY, SAMUEL 709 CURTISS PARKWAY UNIT 14 MIAMI SPRINGS FL 33166		7. Name and Address of New Registered Agent Name <u>SARAH B. RENNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>709 CURTISS PARKWAY</u> <u>MIAMI SPRINGS</u> City <u>MIAMI SPRINGS</u> FL Zip Code <u>33166</u>	
--	--	--	--

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 Sarah B. Renner DATE May 1st 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	PD RENNER, SALLY 709 CURTISS PARKWAY #PH MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENNER SARAH B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 709 CURTISS PARKWAY # PH MIAMI SPRINGS FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERT, DUDLEY A 709 CURTISS PARKWAY #31 MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOLTZ, JEANNE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 709 CURTISS PKWY #11 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANN, HARLAN J 709 CURTISS PKWY #32 MIAMI SPRINGS FL <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	SD STOLTZ, JEAN 709 CURTISS PKWY #11 MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENSHEY, SAMUEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 709 CURTISS PKWY #14 MIAMI SPRINGS FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURA, HELEN 709 CURTISS PARKWAY #21 MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, DUDLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 709 CURTISS PKWY #31 MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Harlan J. Vann - HARLAN J. VANN TREAS. 5/25/04 305-887-5076

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