


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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90293 007 ****61.25

DOCUMENT # 733601			
1. Entity Name CONTINENTAL VILLAGE CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 1402 N.W. 80TH AVE. APT 111 MARGATE FL 33063 - 2974 US		Mailing Address 1402 N.W. 80TH AVE. APT 111 MARGATE FL 33063 - 2974 US	
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 59-1605902		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 HARBISON, WAYNE A 1402 NW 80 AVE APT #312 MARGATE FL 33063 - 2906		7. Name and Address of New Registered Agent Name: <u>BLOTT, ROSEMARY MRS.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1402 NW 80TH AVE APT 107</u> City: <u>MARGATE</u> FL Zip Code: <u>33063</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: <u>VP</u> NAME: <u>BLOTT, ROSEMARY MRS</u> STREET ADDRESS: <u>1402 NW 80TH AVE. #107</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2974</u>	<input type="checkbox"/> Delete	TITLE: <u>VP</u> NAME: <u>BLOTT, ROSEMARY MRS</u> STREET ADDRESS: <u>1402 NW 80TH AVE. #107</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2974</u>	<input checked="" type="checkbox"/> CHANGE
TITLE: <u>S</u> NAME: <u>SINCLAIR, BARBARA MRS</u> STREET ADDRESS: <u>1402 NW 80TH AVE #208</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2974</u>	<input type="checkbox"/> Delete	TITLE: <u>S</u> NAME: <u>SINCLAIR, BARBARA MRS</u> STREET ADDRESS: <u>1402 NW 80TH AVE #208</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2974</u>	<input type="checkbox"/> Addition
TITLE: <u>VP</u> NAME: <u>KENNEY, GEORGE</u> STREET ADDRESS: <u>1402 NW 80TH AVE #512</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2910</u>	<input type="checkbox"/> Delete	TITLE: <u>VP</u> NAME: <u>VILLANI, PATRICK MR</u> STREET ADDRESS: <u>1402 NW 80TH AVE #112</u> CITY-ST-ZIP: <u>MARGATE, FL 33063 - 2974</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <u>T</u> NAME: <u>BUDNIK, EDMUND J</u> STREET ADDRESS: <u>1402 NW 80 AVE #406</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2904</u>	<input type="checkbox"/> Delete	TITLE: <u>D</u> NAME: <u>WILLIAM BROOKE</u> STREET ADDRESS: <u>1402 NW 80TH AVE #105</u> CITY-ST-ZIP: <u>MARGATE, FL 33063</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <u>P</u> NAME: <u>MASSIELLO, SUZANNE MRS.</u> STREET ADDRESS: <u>1402 NW 80TH AVE. #412</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2980</u>	<input type="checkbox"/> Delete	TITLE: <u>2ND V.P.</u> NAME: <u>MASSIELLO, SUZANNE MRS.</u> STREET ADDRESS: <u>1402 NW 80TH AVE. #412</u> CITY-ST-ZIP: <u>MARGATE FL 33063 - 2980</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <u>PD</u> NAME: <u>HARBISON, WAYNE A</u> STREET ADDRESS: <u>1402 NW 80TH AVE. #312</u> CITY-ST-ZIP: <u>POMPANO BEACH FL 33063 - 2906</u> <u>MARGATE, FL</u>	<input checked="" type="checkbox"/> Delete	TITLE: <u>PD</u> NAME: <u>HARBISON, WAYNE A</u> STREET ADDRESS: <u>1402 NW 80TH AVE. #312</u> CITY-ST-ZIP: <u>MARGATE, FL</u>	<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: <u>Edmund J. Budnik</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/9/04</u>	Daytime Phone #: <u>954-973-8103</u>