

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90031 043 \*\*\*\*61.25

**DOCUMENT # 733601**  
 1. Entity Name  
**CONTINENTAL VILLAGE CONDOMINIUM ASSOCIATION INC.**



Principal Place of Business Mailing Address  
 1402 N.W. 80TH AVE. 1402 N.W. 80TH AVE.  
 APT 111 APT 111  
~~POMPANO BEACH FL 33063-2974~~ ~~POMPANO BEACH FL 33063-2974~~  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MARGATE, FL MARGATE, FL**  
 Zip Country Zip Country  
**33063-2974 USA 33063-2974 USA**

4. FEI Number **59-1605902** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**BLOTT, ROSEMARY MRS.**  
**1402 NW 80TH AVE.**  
**APT. 107**  
**POMPANO BEACH FL 33063**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLOTT, ROSEMARY MRS</b> <b>1402 NW 80TH AVE. #107</b> <b>MARGATE FL 33063-2974</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SINCLAIR, BARBARA MRS</b> <b>1402 NW 80TH AVE #208</b> <b>MARGATE FL 33063-2974</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KENNEY, GEORGE</b> <b>1402 NE 80TH AVE., #512</b> <b>MARGATE FL 33063-2910</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BUDNIK, EDMUND J</b> <b>1402 NW 80 AVE #406</b> <b>MARGATE FL 33063-2904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MASSIELLO, SUZANNE MRS.</b> <b>1402 NW 80TH AVE. #412</b> <b>MARGATE FL 33063</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>HARBISON, WAYNE A</b> <b>1402 NW 80TH AVE. #312</b> <b>MARGATE FL 33063-2906</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM F BROOKE</b> <b>1402 NW 80TH AVE #105</b> <b>MARGATE, FL 33063-2903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARY HUMMA</b> <b>1402 NW 80TH AVE #509</b> <b>MARGATE, FL 33063-2910</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATRICK VILLANI</b> <b>1402 NW 80TH AVE #112</b> <b>MARGATE, FL 33063-2974</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: E. Budnik - Treasurer Date: 4/4/05 Daytime Phone #: 954-973-8103