

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90003 009 ****61.25

DOCUMENT # 73360
1. Entity Name
Continental Village
Condominium Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1402 NW 80th Ave.
Suite, Apt. #, etc.
111

3. Mailing Address
5415 St. Rd 7 # 12
Suite, Apt. #, etc.

City & State
Margate, FL

City & State
Margate, FL

Zip
33063 Country
USA

Zip
33068 Country
USA

40119201

DO NOT WRITE IN THIS SPACE

4. FEI Number
59005902

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Absolute Property Management

Street Address (P.O. Box Number is Not Acceptable)
5415 St. Rd 7 # 12

City Margate State FL Zip Code 33068

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 [Signature] DATE 3/14/07

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25
Initial or Amended UBR

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	<u>President Diane Rhoades 1402 NW 80th Ave #111 Margate, FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Lucy Kromholz 1402 NW 80th Ave #111 Margate, FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT GEORGE KENNY 312</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT Bill Brooks #105</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT John Kestner 312</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MARIANO FERRE - DIRECTOR #201</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>405 Sam Conway - TREASURER</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address with all other names removed.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Time/Phone #

CR2E037B (12/02)