


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90010 030 ****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
~~541 SOUTH ST RD 7~~
~~SUITE 12~~
~~MARGATE, FL 33068 US~~

40047711



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 1402 N W 80TH AVE
 Suite, Apt. #, etc.
 APT 111
 City & State
 MARGATE, FL
 Zip Country
 33063-2974 FL SA

03112008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1605902

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ABSOLUTE PROPERTY MANAGEMENT
 541 SOUTH ST RD 7
 SUITE 12
 MARGATE, FL 33068

7. Name and Address of New Registered Agent
 Name **CONTINENTAL VILLAGE CONDO. ASSN.**
 Street Address (P.O. Box Number is Not Acceptable)
 1402 N W 80TH AVE
 APT 111
 City **MARGATE** FL Zip Code **33063**

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, 2008

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	P RHOADES, DIANE MS 1402 NW 80TH AVE STE 310 POMPANO BEACH, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKE, WILLIAM F 1402 NW 80TH AVE, # 105 MARGATE, FL 330632903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEY, GEORGE 1402 NE 80TH AVE., #512 MARGATE, FL 330632910	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUDNIK, EDMUND J 1402 NW 80 AVE #400 MARGATE, FL 330632904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISTNER, JOHN MR 1402 NW 80TH AVE STE 312 POMPANO BEACH, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KROMBHOLZ, LUCY MS 1402 NW 80TH AVE STE 504 POMPANO BEACH, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP MARIANO FERRI 1402 NW 80TH AVE # 201 MARGATE, FL 33063-2905
			S 6955 NW 14TH PLACE MARGATE, FL 33063-2407
			P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.J. Budnik E.J. BUDNIK 3/12/08 954-973-8103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #