

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90108 029 ****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
US**

Mailing Address
**1402 N.W. 80TH AVE.
APT 111
MARGATE FL 33063
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1605902**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ILLINGWORTH, JOHN
1402 NW 80 AVE
APT 208
MARGATE FL 33063~~

Name **WAYNE A. HARBISON**
Street Address (P.O. Box Number is Not Acceptable)
1402 NW 80TH AVE #312
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 *Wayne A Harbison*

8 FEB 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ILLINGWORTH, JOHN	
STREET ADDRESS	1402 NW 80TH AVENUE #208	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	S	<input type="checkbox"/> Delete
NAME	SINCLAIR, BARBARA MRS	
STREET ADDRESS	1402 NW 80TH AVE #208	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENNEY, GEORGE	
STREET ADDRESS	1402 NW 80TH AVE #512	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUDNIK, EDMUND J	
STREET ADDRESS	1402 NW 80 AVE #406	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASIELLO, WILLIAM	
STREET ADDRESS	1402 NW 80TH AVE #412	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINER, MURRAY	
STREET ADDRESS	1402 NW 80TH AVE #504	
CITY-ST-ZIP	POMPANO BEACH FL 33063	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS ROSEMARY BLOTT - D	
STREET ADDRESS	1402 NW 80TH AVE. # 107	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS SUZANNE MASSIELLO - D	
STREET ADDRESS	1402 NW 80TH AVE # 412	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE A HARBISON, PD	
STREET ADDRESS	1402 NW 80TH AVE # 312	
CITY-ST-ZIP	MARGATE, FL 33063	

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: *Wayne A Harbison* **WAYNE A HARBISON** 2-8-03 954-978-0797

CR2E037 (10/02)