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

04-18-2003 90478 001 14,700.00 737623 FILED STATE ...

1. Entity Na	DIVIENT# 737623 RE "C" CONDOMINIUM ASSO	SECRE AND OF COS	ou och 3	,				
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Principal Pla	ce of Business	Mailing Address	MENT					
	CONDOMB	IUM OWNERS ORGAN VHLAGE E., INC. II	VIZATION COOCVE M	- 1 1 66 316 10 100 54	716 1 27 17 Endo 11 76 7	HASI BIRDIN BURU BIRNI BURU	61 2 11 61 2 11 1861	
2. Principal	Place of Business	3384 West Brise field Sch., FL 33442-20						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGE	ES	
City & State		City & State		4. FEI Number 50	-1897015	H	Applied For Not Applicab	ole
Zip	Country	Zip	Country	5. Certificate of Sta	alus Desired	□ \$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	gistered Agent		\exists
COMPO	OVANCING ADA AF ME INO		Name					_]
CONDO OWNERS ORG. OF CVE, INC. 3501 WEST DR. DEERFIELD BEACH FL 33442-2085			Street Addres	ss (P.O. Box Number Is N	lot Acceptable)			
	AD BLIGHT L COME 2000		City			FL Zip Co	ode	-
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in t	the State of Flori	da. I am familiar wit	h, and accep	t
SIGNATURE	Signature, typed or printed name of registered agent to	nd title if applicable (NOTE	; Registereti Agent signature requ	and when rentitating)		DATE		}
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	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees		e Check Payable Department of	4	
10.	· · · · · · · · · · · · · · · · · · ·	Trust Fund Co		\$5.00 May Be Added to Fees	Florida 	e Check Payable Department of	State	
	OFFICERS AND DIR	Trust Fund Co	ontribution.	\$5.00 May Be	Florida 	e Check Payable Department of	State	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

DEERFIELD BEACH FL 33442