2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# 739596

Entity Name: TEN THOUSAND PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10000 W BAY HARBOR DR
BAY HARBOR ISLANDS FL, 33154

New Principal Place of Business:

10000 W BAY HARBOR DR
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

C/O QUALITY ASSOCIATION MANGERS
PO BOX 160763
MIAMI, FL 33116

New Mailing Address:

C/O QUALITY ASSOCIATION MANAGERS
PO BOX 160763
MIAMI, FL 33116

FEI Number: 59-1865097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YAFFE, ROBERT H ESQ.
11900 BISCAYNE BLVD., STE 266
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LYNCH, PETER	
Address:	10000 W BAY HARBOR DR	
City-St-Zip:	BAY HARBOR ISLAND, FL 33154	
Title:	VD	( ) Delete
Name:	HAAS, STEVEN	
Address:	10000 W BAY HARBOR DR	
City-St-Zip:	BAY HARBOR ISLAND, FL 33154	
Title:	SD	( ) Delete
Name:	MARCIAL, FERNANDO	
Address:	10000 W BAY HARBOR DR.	
City-St-Zip:	BAY HARBOR ISLAND, FL 33154	
Title:	TD	( ) Delete
Name:	RADO, BARBARA	
Address:	10000 W BAY HAR. DR	
City-St-Zip:	BAY HARBOR ISLAND, FL 33154	
Title:	D	( ) Delete
Name:	GIDEON, MAYANI	
Address:	10000 W. BAY HARBOR DR	
City-St-Zip:	MIAMI, FL 33154	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER G LYNCH PD 03/25/2004

Electronic Signature of Signing Officer or Director — Date