

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90069 029 ****61.25

DOCUMENT # 743315

1. Entity Name

C. & C. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O STEVEN S. VALANCY
311 SE 13TH STREET
FORT LAUDERDALE FL 33316

C/O STEVEN S. VALANCY
311 SE 13TH STREET
FORT LAUDERDALE FL 33316



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2266146

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

VALANCY, STEVEN S
311 SE 13TH STREET
FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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
Due By May 1, 2004

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 SD ☒ Delete
NAME MAHLER, AMANDA
STREET ADDRESS 661 CYPRESS LANE
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Change ☒ Addition
NAME John Paul Phillip
STREET ADDRESS 651 CYPRESS LANE
CITY-ST-ZIP Wilton Manors, FL 33305

TITLE D ☒ Delete
NAME SPARROW, MARY ELLEN
STREET ADDRESS 666 KENSINGTON PLACE
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STRENNEN, LOU
STREET ADDRESS 650 KENSINGTON PL
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME COTLOWITZ, DANIEL
STREET ADDRESS 4 COVENTRY WAY
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GIBSON, CAROL
STREET ADDRESS 671 CYPRESS LANE
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04