

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90209 004 ****61.25

DOCUMENT # 743315	
1. Entity Name C. & C. CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O STEVEN S. VALANCY 311 SE 13TH STREET FORT LAUDERDALE, FL 33316	Mailing Address C/O STEVEN S. VALANCY 311 SE 13TH STREET FORT LAUDERDALE, FL 33316
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40083323



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2266146	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALANCY, STEVEN S 311 SE 13TH STREET FORT LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent Name <u>Andrew Mayowitz, ACS ASS Serv.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2035 Harding Street, Suite 200</u> City <u>Hollywood</u> FL Zip Code <u>33020</u>	
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4/24/06</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPP, JOHN-PAUL ☒ Delete 651 CYPRESS LANE WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Miesel ☒ Change ☐ Addition 8 Coventry Way Wilton Manors, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRENNEN, LOU ☒ Delete 660 KENSINGTON PL WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L Cec Calandro ☒ Change ☐ Addition 662 Cypress Lane Wilton Manors, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTLOWITZ, DANIEL ☐ Delete 4 COVENTRY WAY WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, CAROL ☒ Delete 671 CYPRESS LANE WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHLER, AMANDA ☒ Delete 661 CYPRESS LANE WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ante Iannello ☒ Change ☐ Addition 6 Coventry Way Wilton Manors, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANDREANO, ED ☒ Delete 667 CYPRESS LANE WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LP John Principato ☒ Change ☐ Addition 674 Kensington Place Wilton Manors, FL 33305

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/19/06</u> Date	DAYTIME PHONE # <u>954-745-1170</u> Daytime Phone #
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