## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # 743315 04-10-2007 90020 027 \*\*\*\*61.25 1. Entity Name C. & C. CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40022163 C/O STEVEN S. VALANCY C/O STEVEN S. VALANCY 311 SE 13TH STREET 311 SE 13TH STREET FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 03192007 Chg-NP CR2E037 (12/06) STREET 2035 J035 Street City & State 4. FEI Number 59-2266146 City & State Applied For Holli Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33 **02-0** SUITE 200 ハで Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYROWITZ, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to ---- $\Box$ Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. n TITLE Director TITLE Delete Kalus, Evangeline 659 cypress Lane MESEL, BILL NAME NAME STREET ADDRESS **8 COUNTRY WAY** STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33305 CITY-ST-ZIP wilton manors, Fl 33305 DIRECTOR ☐ Delete TITLE Addition Addition TITLE Lazaro, Sebastian CALADRO, LISA NAME NAME place 622 Ken sinyton 661 CYPRESS LN STREET ADDRESS STREET ADDRESS 33305 WILTON MANORS, FL 33305 CITY-ST-ZIP CITY-ST-ZIP wilton mana PD □ Delete Addition TITLE TITLE COTLOWITZ, DANIEL NAME NAME 4 COVENTRY WAY STREET ADDRESS STREET ADDRESS WILTON MANORS, FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change \_\_ Addition IANNELLO, AMY NAME NAME **6 COUNTRY WAY** STREET ADDRESS STREET ADDRESS WILTON MANORS, FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition PRINCIPATO, JOHN NAME NAME 674 KENSINGTON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33305 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

DANIEL I. COTLOWITZ

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

FILED

Apr 10, 2007 8:00 am