


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90210 039 ****61.25

DOCUMENT # 746709 1. Entity Name 212 BRINY AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 212 BRINY AVENUE B-4 POMPANO BEACH, FL 33062			Mailing Address 212 BRINY AVENUE B-4 POMPANO BEACH, FL 33062		
2. Principal Place of Business 212 BRINY AVE Suite, Apt. #, etc. A3		3. Mailing Address 2637 E ATLANTIC BLVD Suite, Apt. #, etc. PO BOX 256			
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL			
Zip 33062		Country USA		4. FEI Number 59-1926845	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILSON, RICK 212 BRINY AVE #4 POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name: SWAY, REBECCA Street Address (P.O. Box Number is Not Acceptable) 212 BRINY AVE # A3 City: POMPANO BEACH FL Zip Code: 33062		
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>Rebecca Sway, Treasurer</u> DATE: <u>4-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MICHAEL		NAME	HARRIS, DAVID	
STREET ADDRESS	212 BRINY AVENUE B-3		STREET ADDRESS	212 BRINY AVE A2	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RICK		NAME	ANDERSON, MICHAEL	
STREET ADDRESS	212 BRINY AVENUE B-4		STREET ADDRESS	212 BRINY AVE A4	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SUE		NAME	SWAY, REBECCA	
STREET ADDRESS	212 BRINY AVENUE B-4		STREET ADDRESS	212 BRINY AVE A3	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DAVE		NAME	CONWAY, LAURIE	
STREET ADDRESS	212 BRINY AVENUE A-2		STREET ADDRESS	212 BRINY AVE A1	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rebecca Sway, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-12-04</u> Daytime Phone #: <u>954-941-8603</u>	

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\$8.75 Additional Fee Required

FL Zip Code 33062

4-12-04

Daytime Phone #