
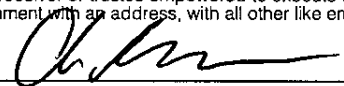


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90537 040 \*\*\*\*61.25

<b>DOCUMENT # 750686</b> 1. Entity Name <b>THE CIRCLE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2599 NW 56TH AVE LAUDERHILL, FL 33313 US</b>			Mailing Address <b>PO BOX 190191 FT LAUDERDALE, FL 33319 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2267868</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHOENFELD, DAVID 7520 NW 5 ST #203 PLANTATION, FL 33317</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GERZINA, JACK</b>		NAME	<b>GERZINA, JACK</b>	
STREET ADDRESS	<b>7363 WEBORD TERR.</b>		STREET ADDRESS	<b>7363 WEXFORD TERR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL</b>		CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BECKER, BLAIR R</b>		NAME		
STREET ADDRESS	<b>PO BOX 24756</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 333074756</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLOVER, CHARLES</b>		NAME	<b>Charles Glover</b>	
STREET ADDRESS	<b>1676 W. HILLSBORO BLVD.</b>		STREET ADDRESS	<b>2421 NW 36 ST</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH., FL</b>		CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
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		
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.					
<b>SIGNATURE:</b> 			<b>Charles Glover</b> SECRETARY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4-21-04</b> Daytime Phone # <b>951-733-7439</b>		