


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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90335 033 ****61.25

DOCUMENT # 755993							
1. Entity Name 7 EAST CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 535 NE 7 AVENUE FT. LAUDERDALE FL 33301		Mailing Address 535 NE 7 AVENUE FT. LAUDERDALE FL 33301					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2478232			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TIGHE, TOM 800 E BROWARD BLVD STE 505 FT LAUDERDALE FL 33301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SENKO, RICK		NAME				
STREET ADDRESS	575 NE 7TH AVE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KING, DOUGLAS		NAME				
STREET ADDRESS	571 NE 7TH AVE		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KING, HANZ		NAME				
STREET ADDRESS	575 NE 7TH AVE		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILLER, JOHN		NAME				
STREET ADDRESS	555 N.E. 7 AVE.		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BENN, WALTER		NAME				
STREET ADDRESS	587 N.E. 7 AVE.		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		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: <i>Richard Senko</i>			<i>Richard Senko</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>		
			<i>4/15/04</i>		<i>954.764.2649</i>		



MOORE CR2E037 (11/03)