## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE: .

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # 762619 1. Entity Name CONDOMINIUM OFFICERS' ASSOCIATION OF SINGER 04-13-2005 90040 050 \*\*\*\*61.25 ISLAND, INC. Principal Place of Business. Mailing Address 5200-N. OCEAN DR. 5200 N OCEAN DR 18 D RIVIERA BCH 33404 **RIVIERA BCH FL 33404** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 65-0044011 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINER, MARVIN Street Address (P.O. Box Number is Not Acceptable) 5200 N OCEAN DR 18-D RIVIERA BCH FL 33404 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 TITLE ☐ Delete TITLE ☐ Change Rasmussen, Jai 262-Sugar Sando Blood, No. 228 REINER, MARVIN L NAME NAME 5200 N OCEAN DR., APT. 18D STREET ADDRESS STREET ADDRESS inviera Beach, 71 33404 RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIRONTI, LILLIAN NAME NAME 5200 N OCEAN DR. STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP SD-----TITLE Delete TITLÊ - Change . . Addition BENNETT, SUSAN NAME NAME 3000 N OCEAN DR., #10-H STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MANZIANO, ELIZABETH NAME 3400 N OCEAN DR #PH-A STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete THEF ☐ Change ☐ Addition ROMERO, ANDY NAME NAME 3400 N OCEAN DR., PH8 STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition BARRER, JEROME NAME NAME 5200 N OCEAN DR., N 1506 STREET ADDRESS STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-ZIP CITY-ST-7IP d with this fill of does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true a of the corporation or the receiver or trusted empowered

**FILED** 

Daytime Phone #