2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762619



FILED Feb 27, 2003 8:00 am Secretary of State

1. Entity N CONDO ND, INC	MINIUM OFFICERS' ASSOCIA	A C		2-27-2003 90110 03	9 ****6	1.25		
Principal Place of Business 520 N. OCEAN DR. 18 D RIVIERA BCH 33404 US 2. Principal Place of Business 5200-N. OCEAN DY. Suite, Apt. #, etc. 18 D		Mailing Address 5200 N OCEAN DR 18-D RIVIERA BCH FL 33404 US 3. Mailing Address Suite, Apt. #, etc.						
								_
				City & St		City & State		4. FEI Number 65
Zip Country US		Zip Country		Not Applicable				0
	6. Name and Address of Current	Pagistered A			F	ee Requir		
	o. Hamo and Address of Current	Registered Agent	Name	7. Name and Add	ess of New Registered A	jent		コ
REINER	, Marvin			Name				
	OCEAN DR		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
RIVIERA BCH FL 33404			City			T Zin Ca		
8 The above	re named entity submits this statement for ations of registered agent.				FL	Zip Cod		ı
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: 9. Election Cam Trust Fund Co	Registered Agent signature requipations requipations are signature.	\$5.00 May Be Added to Fees	Make Check I	Payable	to	}
			_	Added to Fees	Florida Departm	ent of S	State	ļ
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRE	CTORS IN	I 10	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIVONTI, LILLIAN 3400 N. OCEAN DR., NO. 1906 RIVERA BEACH FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	(00/07/ 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINER, MARVIN L 5200 N OCEAN DR 18D SINGER ISLAND FL-33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	7000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, NANN 5510 N. OCEAN DR. RIVERA BEACH FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANZIANO, ELIZABETH 3400 N OCEAN DR #PH-A RIVIERA BCH FL 33404	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify or 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 of 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 a powered.

SIGNATURE: