


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

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 769760 1. Entity Name TEN-EIGHTY CONDOMINIUM, INC.					
Principal Place of Business % VASSILIS, TSAGAS 37 BRACKETT ST. BIRGHTON MA 02135				Mailing Address % VASSILIS, TSAGAS 37 BRACKETT ST. BIRGHTON MA 02135	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2358344	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TSAGAS, VASSILIS 1080 92ND ST. BAY HARBOR ISLANDS FL 33154			7. Name and Address of New Registered Agent 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	S GARCIA, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1086 92ND STREET		NAME		
STREET ADDRESS	BAY HBR ISLANDS FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	TD ANTEQUERA, MARJORIE F. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1082 92ND STREET		NAME		
STREET ADDRESS	BAY HBR ISLANDS FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	PTD TSAGAS, VASSILIS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1080 92ND STREET		NAME		
STREET ADDRESS	BAY HBR ISLANDS FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VD GARCIA, YOLANDA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1086 92ND STREET		NAME		
STREET ADDRESS	BAY HARBOR ISLAND FL		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		



MOORE CR2E037 (11/03)

59-2358344

Applied For
Not Applicable

\$8.75 Additional
Fee Required

FL

Zip Code

U00000066203
02/25/04-80004-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vassilis Tsagas* **VASSILIS TSAGAS (PRESIDENT)** *February 17th 2004* **617 787 2040**