

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90013 045 ****61.25

DOCUMENT # N02000002052					
1. Entity Name THE ASHEVILLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3048 VIRGINIA ST COCONUT GROVE, FL 33133			Mailing Address 3048 VIRGINIA ST COCONUT GROVE, FL 33133		
2. Principal Place of Business 3048 Virginia Street		3. Mailing Address 3048 Virginia Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coconut Grove, FL		City & State Coconut Grove, FL		4. FEI Number NOT APPLICABLE	
Zip 33133		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINTZING, WILLIAM F 3048 VIRGINIA STREET COCONUT GROVE, FL 33133			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 D	NAME KINTZING, WILLIAM F		TITLE 	NAME 	
STREET ADDRESS 3048 VIRGINIA ST	CITY-ST-ZIP COCONUT GROVE, FL 33133		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME NOEL, BONNITA F		TITLE 	NAME 	
STREET ADDRESS 3048 VIRGINIA ST	CITY-ST-ZIP COCONUT GROVE, FL 33133		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BROWNE, SALLY		TITLE D	NAME Mark Carroll	
STREET ADDRESS 3048 VIRGINIA ST	CITY-ST-ZIP COCONUT GROVE, FL 33133		STREET ADDRESS 3046 Virginia St.	CITY-ST-ZIP Coconut Grove, FL 33133	
TITLE 	NAME 		TITLE D	NAME Lisa Carroll	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 3046 Virginia St.	CITY-ST-ZIP Coconut Grove, FL 33133	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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>William F. Kintzing</i>			SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR		
Date			Daytime Phone #		