

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2005 08:00 AM
Secretary of State

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
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02202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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
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IN THIS SPACE**

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 except the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINTZING, WILLIAM F 3048 VIRGINIA ST COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOEL, BONNITA F 3048 VIRGINIA ST COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, MARK 3046 VIRGINIA ST. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, LISA 3046 VIRGINIA ST. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William F. Kintzing **William F. Kintzing** 02/25/05 305-460-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #