


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 030 ****61.25

DOCUMENT # N02000007874

1. Entity Name
KELLAR COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 P.O. BOX 2249
 NEW HYDE PARK, NY 11040-0702

Mailing Address
 P.O. BOX 2249
 NEW HYDE PARK, NY 11040-0702

34029061

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
55-0802597 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEVIN, JENNIFER
C/O GREENSPOON, MARDER, HIRSCHFELD, RAFKIN
100 WEST CYPRESS CREEK ROAD STE 700
FT LAUDERDALE, FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RONZETTI, JOHN A P.O. BOX 2249 NEW HYDE PARK, NY 110400702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RONZETTI, MICHAEL T JR P.O. BOX 2249 NEW HYDE PARK, NY 110400702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christiaan Conforti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 305 JEFFERSON AVE #5 MIAMI BEACH, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RONZETTI, ELSIE C P.O. BOX 2249 NEW HYDE PARK, NY 110400702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOHN A. RONZETTI 3/12/04 576-476-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #