


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90461 007 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011047 1. Entity Name CONTRACTORS BUSINESS PARK VISTA CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1350 EAST NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442		Mailing Address 1350 EAST NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 20-2736433	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAY, JAMES R ESQ. 700 VILLAGE SQUARE CROSSING, STE. 102B PALM BEACH GARDENS, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City		
			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, 2005		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	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOVAN, CRAIG	NAME			
STREET ADDRESS	1350 EAST NEWPORT CENTER DR., STE. 206	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REIBLING, GUENTHER	NAME			
STREET ADDRESS	1350 EAST NEWPORT CENTER DR., STE. 206	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASSOF, LINDA	NAME			
STREET ADDRESS	1350 EAST NEWPORT CENTER DR., STE. 206	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	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			
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			
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>Linda Kassof</i>		<i>Linda Kassof</i> 04/22/2005 (954) 428. 4585			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	