


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90015 006 \*\*\*\*61.25

**DOCUMENT # N08821**  
 1. Entity Name  
 SUPER 8 SHOPPES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4152 W. BLUE HERON BLVD. #128 RIVIERA BEACH, FL 33404-1858	Mailing Address C/O NANCY HORNIK 11312 GLEN OAKS CT NORTH PALM BEACH, FL 33408-3203
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**44005345**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2747820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 FAGAN, GREGORY J.  
 4152 W. BLUE HERRON BLVD.  
 WEST PALM BEACH, FL 33404

**DO NOT WRITE 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 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, CONRAD W. 11459 OLD HARBOUR ROAD NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNIK, NANCY 11312 GLEN OAKS CT NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRETCHEN, SCAEFER L 11459 OLD HARBOUR RD. NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *[Signature]* **1/14/04** **561-694-8382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #