


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90418 039 ****61.25

DOCUMENT# N23078			
1. Entity Name HELENMARCONDOMINIUMASSOCIATION, INC.			
Principal Place of Business 2421 LAKE PANCOAST DRIVE OFFICE SUITE MIAMI BEACH, FL 33140		Mailing Address 2421 LAKE PANCOAST DRIVE OFFICE SUITE MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-2988133		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIEBER, KEN 2421 LAKE PANCOAST DR, PENTHOUSE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name: GALIANA Management Serv. Inc. Street Address (P.O. Box Number is Not Acceptable): 801 S.W. 3RD Ave Suite 305 City: Miami Florida FL 33129	
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: MIRIAM GALIANA Miriam Galiana C.A.M. 4/21/04 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required where instating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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: P NAME: MARKSON, DANIEL STREET ADDRESS: 2421 LAKE PANCOAST DR. #4C, 3C CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE: D NAME: LA CERVA, ANDREW STREET ADDRESS: 2421 LAKE PANCOAST DR. #2A CITY-ST-ZIP: MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: RABBINO, CAREN STREET ADDRESS: 2421 LAKE PANCOAST DR. #6A CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE: D NAME: MARZILLI, ANTHONY STREET ADDRESS: 2421 LAKE PANCOAST DR #1H CITY-ST-ZIP: MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: LOPEZ, TAMY STREET ADDRESS: 2421 LAKE PANCOAST DR. #E CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE: D NAME: ZARCO, CYN STREET ADDRESS: 2421 LAKE PANCOAST DR. #3H CITY-ST-ZIP: MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VT NAME: LIEBER, KEN STREET ADDRESS: 2421 LAKE PANCOAST DR, PENTHOUSE CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: GEHRING, BARBARA STREET ADDRESS: 2421 LAKE PANCOAST DR. PENTHOUSE CITY-ST-ZIP: MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: LEDDICK, DAVID STREET ADDRESS: 2421 LAKE PANCOAST DR. #3A CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE: VP NAME: STALLARD, JOHN STREET ADDRESS: 2421 LAKE PANCOAST DR. #6CEG CITY-ST-ZIP: MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MIDDLEWORTH, RAYMOND STREET ADDRESS: 2445 LAKE PANCOAST DR #14 CITY-ST-ZIP: MIAMI, FL 33140	<input checked="" 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: <i>(Signature)</i>		Date: 4/21/04 Daytime Phone#: 305-854-2138	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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