

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N37615 1. Entity Name 10590 66TH AVENUE NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12384 88TH AVE N SEMINOLE FL 33772 US			Mailing Address 12384 88TH AVE N SEMINOLE FL 33772 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent FOUSE, BEULAH E 12384 88TH AVE N SEMINOLE FL 33772				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PDS FOUSE, BEULAH E 12384 88TH AVE N SEMINOLE FL 33772		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 000000235293 02/18/05-80056-008 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOUSE, BEULAH E 12384 88TH AVE N SEMINOLE FL 33772		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROSS, JOYCE M 13522 ADREA DR LARGO FL 33774		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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>Beulah E Fouse</i> <i>Beulah E. Fouse</i> <i>2-15-05</i> <i>(927) 393-8673</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3003561** ☐ Applied For
☐ Not Applicable

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