

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 006 ****61.25

DOCUMENT # N43591



Entity Name
SLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2/O SUNDANCE PROPERTY MANAGEMENT CORP/O SUNDANCE PROPERTY MANAGEMENT CORP
 1510 W SAMPLE RD., #5 11510 W SAMPLE RD., #5
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065
 JS US

24068274



MOORE CR2E037 (11/03)

1. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0404359		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SUNDANCE PROPERTY MANAGEMENT CORPORATION 11510 W. SAMPLE RD. #5 CORAL SPRINGS FL 33065				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 _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	MARCHUCK, JEFFREY C	<input type="checkbox"/> Delete	TITLE NAME	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3275 W. BUENA VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE NAME	PEEK, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE NAME	Treasurer.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3282 W. BUBNA VISTA DR.		STREET ADDRESS	Cindy Singh	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP	3258 W. Buena Vista Dr.	
TITLE NAME	DP LEE, MINDY	<input checked="" type="checkbox"/> Delete	TITLE NAME	Margate, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3274 W BUENA VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE NAME	SOAREZ, FRANCISCO	<input type="checkbox"/> Delete	TITLE NAME	ALT. TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3163 W BUENA VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE NAME	KUMAGAE, GLADIS	<input checked="" type="checkbox"/> Delete	TITLE NAME	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11510 W. SAMPLE RD, #5		STREET ADDRESS	Antonio Spavento	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	3194 W. Buena Vista Dr.	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	Margate, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	SECRETARY	
CITY-ST-ZIP			CITY-ST-ZIP	Amy Bergcy	
			STREET ADDRESS	3266 W Buena Vista Drive	
			CITY-ST-ZIP	Margate, FL 33063	

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: Mary C. Marchuck Date: Apr. 4/28/04 954-971-4195
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) Daytime Phone #