

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90036 028 ****61.25

DOCUMENT # N98000006825

1. Entity Name
EVERGLADES SOUTH CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
1337 EUCLID AVENUE
UNIT # 103
MIAMI BEACH, FL 33139

Mailing Address
1337 EUCLID AVENUE
UNIT # 103
MIAMI BEACH, FL 33139

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0883717

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CADICORP MANAGEMENT GROUP
7154-B SOUTH WEST 47TH STREET
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE DP ☐ Delete
NAME CULLEY, PORTIA
STREET ADDRESS 1337 EUCLID AVENUE, #105
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DT ☒ Delete
NAME PALATNICK, ALICE
STREET ADDRESS 1337 EUCLID AVENUE, #103
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DS ☒ Delete
NAME MART, EVE
STREET ADDRESS 1337 EUCLID AVENUE, # 102
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SAME**

TITLE ☐ Change ☒ Addition
NAME LAUREN CANALORI
STREET ADDRESS 1337 EUCLID AVE # 103
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

TITLE ☐ Change ☒ Addition
NAME SANDRO FUSCO
STREET ADDRESS 1337 EUCLID AVE # 206
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-2004 305-668-4800

Date

Daytime Phone #