

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

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90017 032 ****61.25

DOCUMENT # N93000005182

1. Entity Name

GIARDINO VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O CMC MANAGEMENT
2994 JOG RD STE B
GREENACRES FL 33467
US

Mailing Address

C/O CMC MANAGEMENT
2994 JOG RD STE B
GREENACRES FL 33467
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0478757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERRISH, SCOT
C/O CMC MANAGEMENT
2994 JOG ROAD, SUITE B
GREENACRES FL 33467

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, 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 PD
NAME HECKER, LEONARD
STREET ADDRESS 5157 D FLORIA WAY
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE VPD
NAME WORMSER, MALCOLM
STREET ADDRESS 5133 R BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE D
NAME BEECOFF, STANLEY
STREET ADDRESS 5133- O BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE TD
NAME SCHORR, LILA
STREET ADDRESS 5139 H FLORIA WAY
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☒ Delete

TITLE D
NAME FASS, RAYMOND
STREET ADDRESS 5140 L FLORIA WAY
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE D
NAME KADEN, ARTHUR
STREET ADDRESS 5133 F BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME Phyllis Gorelick
STREET ADDRESS 5140- D FLORIA WAY
CITY-ST-ZIP Boynton Beach, FL 33437 ☐ Change ☒ Addition

TITLE SD
NAME Paula Kaye
STREET ADDRESS 5139- E FLORIA WAY
CITY-ST-ZIP Boynton Beach, FL 33437 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD HECKER

Date

Daytime Phone #

(561)

641-1016