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

## Feb 25, 2004 8:00 am DOCUMENT # 724580 ₩-**Secretary of State** 1. Entity Name 02-25-2004 90027 008 \*\*\*\*61.25 TALLWOOD NORTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1600 TALLWOOD AVE 1600 TALLWOOD AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-1514653 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRANE, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 1600 TALLWOOD AVE **APT #308** HOLLYWOOD FL 33021 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change | CRANE, STEVEN A NAME NAME 1600 TALLWOOD AVE #308 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP BPD TITLE ☐ Change ☐ Addition TITLE ☐ Delete BERNSTEIN, STEVEN NAME NAME 4320 WASHINGTON ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP - 🗀 Addition -TITLE ☐ Change~ - Delete TITLE FAURE, ROBERT-NAME 4320 WASHINGTON ST #316 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE WHALEY, IRENE NAME NAME 1600 TALLWOOD AVE #202 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STRUM, CARRIE NAME NAME 4320 WASHINGTON ST #418 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

SIGNATURE Stonature and typed of printed name of signing officer on director

Date Date Dayline Phone #

, with all other like empowered

changed, or on an attachme

with an address