


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90055 047 ****61.25

DOCUMENT # 814298 1. Entity Name TAROMINA APTS. INC.					
Principal Place of Business 1936 S OCEAN DRIVE HALLANDALE, FL 33009			Mailing Address 1936 S OCEAN DRIVE HALLANDALE, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0933047				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMOND, PHYLLIS 1936 SOUTH OCEAN DRIVE APT 21B HALLANDALE BEACH, FL 33009			CALABRO, CARMELA 1936 S OCEAN DR 18A HALLANDALE BCH, FL 33009		
Name CALABRO, CARMELA			Name CALABRO, CARMELA		
Street Address (P.O. Box Number is Not Acceptable) 1936 S OCEAN DR. 18A			Street Address (P.O. Box Number is Not Acceptable) 1936 S OCEAN DR. 18A		
City HALLANDALE BEACH FL			City HALLANDALE BEACH FL		
Zip Code 33009			Zip Code 33009		
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 <u>Carmela Calabro</u> CARMELA CALABRO 1ST VP <u>2/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYSE, JAMES MR		NAME	CARIDI, JOAN	
STREET ADDRESS	1936 S OCEAN DR 5D		STREET ADDRESS	1936 S OCEAN DR. 11B	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	1ST VP	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO, CARMELA MRS		NAME	COLSON, GEORGIA	
STREET ADDRESS	1936 S OCEAN DR A18		STREET ADDRESS	1936 S OCEAN DR. 11C	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	BVA PRES	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIRICO, MARCO		NAME	MAYSE, MARY JO	
STREET ADDRESS	1936 SO. OCEAN DRIVE		STREET ADDRESS	1936 S OCEAN DR 13C	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALISE, CARL		NAME		
STREET ADDRESS	1936 S OCEAN DR 22A		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIOVANNI, ARTHUR MR		NAME		
STREET ADDRESS	1936 S OCEAN DR C20		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARVARO, ANTHONY		NAME		
STREET ADDRESS	1936 SO OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		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: Carmela Calabro CARMELA CALABRO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/24/04</u> <u>954-452-2756</u> <small>Date Daytime Phone #</small>		