

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

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90056 013 \*\*\*\*61.25

**DOCUMENT # 711401**

1. Entity Name

1014 CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business

1435-1439 S E 10TH AVE  
#1-4  
FT. LAUDERDALE FL 33316

Mailing Address

1439 S E 10TH AVE  
#1  
FT. LAUDERDALE FL 33316

24018100



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0001994

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTOPOULOS, ELAINE  
1439 SE 10TH AVE  
UNIT 1  
FT. LAUDERDALE FL 33316

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 *Elaine Christopoulos*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD  
NAME CHRISTOPOULOS, ELAINE ☐ Delete  
STREET ADDRESS 1439 SE 10TH AVE., UNIT 1  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ST  
NAME PATRICIA GRULLON ☐ Change ☒ Addition  
STREET ADDRESS 1439 SE 10TH AVE #2  
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE PD  
NAME NOLAN, JOHN ☒ Delete  
STREET ADDRESS 1439 SE 10TH AVE #2  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE PP  
NAME AMES FRANKER ☐ Change ☒ Addition  
STREET ADDRESS 1435 SE 10TH AVE #4  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE DVP  
NAME MIKELL, ROBERT J ☐ Delete  
STREET ADDRESS 1435 SE 10TH AVE., UNIT 3  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 *Elaine Christopoulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

954-659-5913

Date

Daytime Phone #