

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90051 042 \*\*\*\*70.00

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 725806</b> 1. Entity Name <b>JOE RON NORTH CONDOMINIUM, INC.</b>			
Principal Place of Business <b>2633 PIERCE STREET UNIT 202 HOLLYWOOD, FL 33020</b>		Mailing Address <b>2633 PIERCE STREET 202 HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business <b>2633 Pierce st.</b>		3. Mailing Address <b>P.O. Box 814183</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hollywood, Florida</b>		City & State <b>Hollywood, Florida</b>	
Zip <b>33020</b>		Zip <b>33081</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-1548965</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DELLAPICTRA, GERTRUDE 2633 PIERCE ST APT 104 HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>ALFREDO WERDENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2633 Pierce St.</b> <b>apt. 203</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE <b>April 12, 2004</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLAPIETRO, GERTRUDE 2633 PIERCE ST APT 104 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alfredo Werdene 2633 Pierce St. apt. 203 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEACHON, CHARLOTTE 2633 PIERCE ST APT 207 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jessica Caballero 2633 Pierce St. apt. 208 Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS DELLAPIETRO, GERTRUDE 2633 PIERCE ST APT 203 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Raul Escoto 2633 Pierce St. apt. 103 Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASLAJEZUVC, BASYL 2633 PIERCE ST APT 105 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Caridad Dapena 2633 Pierce St. apt. 107 Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-12-04</b> Daytime Phone # <b>954 921-1642</b>	

*Attachment*

14063647  
# 725806

**Joe-Ron North Condo. Association, Inc**  
P.O. Box 814183  
Hollywood, Florida 33081  
(954) 921-1642

**March 31, 2004**

**New Board of Directors**

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**Alfredo Werdene** unit 203  
**President**  
9 votes of 11 present

**Jessica Caballero** unit 208  
**Vice-President**  
10 votes of 11 present

**Raul M. Escoto** unit 103  
**Treasurer**  
10 votes of 11 present

**Caridad Dapena** unit 107  
**Secretary**  
10 votes of 11 present

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