2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90391 035 ****61.25

DOCUMENT # N94000001438

1. Entity Name
CONTEMPO WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12323 SW 55 ST 1002 COOPER CITY, FL 33330 US	12323 SW 55 ST 1002 COOPER CITY, FL 33330 US

03052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0587003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT SERVICES, INC.
12323 SW 55 STREET
BLDG 1000 STE 1002
COOPER CITY, FL 33330

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 William Casey 4/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T REYES, RENE 342 NW 153 AVENUE PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Leo Heal-Rodriguez 15381 NW 4 St Pembroke Pines, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JACKSON, JOYCE 174 NW 152 AVENUE PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jackson, Joyce ☒ Change ☐ Addition 174 NW 152 Ave Pembroke Pines, FL 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, TOM 149 NW 152 AVE PEMBROKE PINES, FL 33022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD-Elsi Rose ☐ Change ☒ Addition 15338 NW 3 St. Pembroke Pines FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOERNER, MARK 385 NW 153 CANE PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Roxanne Cabrera ☐ Change ☐ Addition 158 NW 152 Ave Pembroke Pines FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUTCHINSON, ERIC 111 NW 152 LN PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rakesh Dupta ☐ Change ☐ Addition 15247 NW 1 St. Pembroke Pines, FL
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: William Casey 4/14/04 954-680-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #