

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90145 016 \*\*\*\*61.25

**DOCUMENT # 714602**

1. Entity Name  
**THE ADMIRAL FARRAGUT CONDOMINIUM  
APARTMENTS ASSOCIATION, INC.**



Principal Place of Business  
**C/O NANCY C. MORGAN  
6815 EDGEWATER DR., APT. 202  
CORAL GABLES, FL 33133**

Mailing Address  
**6815 EDGEWATER DR., # 202  
CORAL GABLES, FL 33133**

**40030135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1723049**

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

**MORGAN, NANCY C.  
6815 EDGEWATER DR., # 202  
CORAL GABLES, FL 33133**

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

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, 2005**

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  
DVP  
KHACHUB, RAYMOND ☐ Delete  
STREET ADDRESS  
6815 EDGEWATER DR., #206  
CITY-ST-ZIP  
CORAL GABLES, FL 33133

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

TITLE  
NAME  
D  
ZERPA, JORGE ☐ Delete  
STREET ADDRESS  
318 RIDGEWOOD AVE  
CITY-ST-ZIP  
CORAL GABLES, FL 33133

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

TITLE  
NAME  
PD  
MORGAN, NANCY ☐ Delete  
STREET ADDRESS  
6815 EDGEWATER DR., # 202  
CITY-ST-ZIP  
CORAL GABLES, FL 33133

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

TITLE  
NAME  
~~STD~~  
LU, MIN CHAO ☐ Delete  
STREET ADDRESS  
6815 EDGEWATER DRIVE #207  
CITY-ST-ZIP  
MIAMI, FL 33193

TITLE  
NAME  
TRACY WATKINS ☐ Change ☒ Addition  
STREET ADDRESS  
4050 EL PRADO  
CITY-ST-ZIP  
COCONUT GROVE, FL 33133

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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 for 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:

*Nancy C. Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/05 305.443.8973**

Date

Daytime Phone #