

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90242 037 ****61.25

DOCUMENT # 726079

1. Entity Name
TALLWOOD EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1400 TALLWOOD AVENUE
HOLLYWOOD, FL 33021**

Mailing Address
**1400 TALLWOOD AVENUE
HOLLYWOOD, FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1500740

Applied For
☐ Not Applicable

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

**ZENERINO, CATHERINE
1400 TALLWOOD AVE
HOLLYWOOD, FL 33021**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ZENERINO, CATHERINE	
STREET ADDRESS	1400 TALLWOOD AVE #309	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BULLOCK, MARY	
STREET ADDRESS	1400 TALLWOOD AVE #207	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, KAREN	
STREET ADDRESS	1400 TALLWOOD AVE #301	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUKER, JOYCE	
STREET ADDRESS	1400 TALLWOOD AVE #201	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STAPLES, MARY	
STREET ADDRESS	1400 TALLWOOD AVE 208	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELTON, PATRICIA	
STREET ADDRESS	1400 TALLWOOD AVE #104	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR, REG AG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Mary P. Buckel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

420.05

954-987-2287

Date

Daytime Phone #