2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2005 8:00 am Secretary of State

☐ Change ☐ Addition

1. Entity Nam	MENT # N36541 CONDOMINIUM D ASSOC	IATION, INC.		05	-10-2005 90	117 048 ****	61.25	
Principal Place C/O CASTLE PO BOX 189 PLANTATION	013	Mailing Address C/O CASTLE GROUP PO BOX 189013 PLANTATION, FL 33318	US			500513	***	
2. Principal P	Place of Business	3. Mailing Address						
·		C/O CASTLE GROUP				<u> </u>		
		Suite, Apt. #, etc.		03082005 Ch	Chg-NP CR2E037 (10/03)			
	W 3RD STREET	P.O. BOX 559009		4 55131		<u>`</u>	Applied For	
City & Stat		City & State		4. FEI Number 65-02377	76	├	Applied For Not Applicable	
Zip	Country	FT_LAUDERDALE_F1.	Country			- \$9.75	Additional	
33325	,	33355-9009	,	5. Certificate of S	itatus Desired	Fee Rec		
3.3.32.3	6. Name and Address of Curren			7. Name and Address of New Registered Agent				
CACTLEA	AANACEMENT INC		Name (C	HANGE ADDRESS	ONLY)			
I	MANAGEMENT, INC. UNRISE BLVD	•	Street Addres	ss (P.O. Box Number is	Not Acceptable)	,		
STE 100	5111110E 5EV5			·		····		
PLANTAT	ION, FL 33313	12	12270 SW 3RD STREET					
			City	City PLANTATION FL 33325				
	named entity submits this statement f	or the purpose of changing its reg	istered office or regis	stered agent or both in	the State of Flor	rida. Lam familiar v	with and accent	
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	gistered Agent signature req			DATE		
		9. Election Campa Trust Fund Cont	opstered Agent signature required in the sig		Ma		le to	
	Signature, typed or printed name of registered ager Filling Fee is \$61.25	9. Election Campa Trust Fund Conf	opstered Agent signature required in the sig	uired when reinstating)	Ma Flori	DATE ake check payab da Department d	ole to	
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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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

MLE

NAME

7327 S. DEVON DR.

TAMARAC, FL 33321

SIGNATURE:	Henry	Weinout		5-4-05	
· · ·	SIGNATURE AND	TYPED OR PRINTED NAME OF	MING OFFICER OR DIRECTOR	Date	Daytime Phone ∉