

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719630

**Entity Name:** CHRISTOPHER HOUSE CONDOMINIUM APARTMENTS, INC.**Current Principal Place of Business:**401 BRINY AVE  
POMPANO BEACH, FL 33062-5833**Current Mailing Address:**401 BRINY AVE  
POMPANO BEACH, FL 33062-5833 US**FEI Number: 59-1418284****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**D'AMICO, NICOLA  
401 BRINY AVE  
306  
POMPANO BEACH, FL 33062-5817 US*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.***SIGNATURE: NICOLA D'AMICO****03/07/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title      PRESIDENT, DIRECTOR  
Name      D'AMICO, NICOLA  
Address    401 BRINY AVE  
            306  
City-State-Zip:    POMPANO BEACH FL 33062-5817

Title      TREASURER, DIRECTOR  
Name      LEVINE, LAWRENCE  
Address    401 BRINY AVE  
            APT. 702  
City-State-Zip:    POMPANO BEACH FL 33062-5822

Title      DIRECTOR  
Name      QURAISHI, OVAIS  
Address    401 BRINY AVE  
            710  
City-State-Zip:    POMPANO BEACH FL 33062-5831

Title      SECRETARY, DIRECTOR  
Name      CONNOLLY, MARY  
Address    401 BRINY AVE  
            315  
City-State-Zip:    POMPANO BEACH FL 33062-5827

Title      DIRECTOR  
Name      FREEDMAN, LOUIS  
Address    401 BRINY AVE  
            310  
City-State-Zip:    POMPANO BEACH FL 33062-5827

Title      MAINTENANCE, DIRECTOR  
Name      CONNELL, THOMAS  
Address    401 BRINY AVE  
            712  
City-State-Zip:    POMPANO BEACH FL 33062-5831

Title      MAINTENANCE, DIRECTOR  
Name      CAYLOR, LEE  
Address    401 BRINY AVE  
            302  
City-State-Zip:    POMPANO BEACH FL 33062-5817

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NICOLA D'AMICO****PRESIDENT****03/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date