

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733601

**Entity Name:** CONTINENTAL VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 08, 2013**  
**Secretary of State**  
**CC0685508931**

**Current Principal Place of Business:**

1402 N.W. 80TH AVE.  
APT 111  
MARGATE, FL 33063

**Current Mailing Address:**

1402 N W 80TH AVE  
APT 111  
MARGATE, FL 33063-2974 US

**FEI Number: 59-1605902**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONTINENTAL VILLAGE CONDO. ASSN  
1402 N W 80TH AVE  
APT 111  
MARGATE, FL 33063-2974 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KROMBHOLZ, LUCY  
Address 1402 NW 80TH AVE UNIT 504  
City-State-Zip: MARGATE FL 33063-2908

Title T  
Name CAIL, DONALD A  
Address 1402 N W 80TH AVE  
APT 111  
City-State-Zip: MARGATE FL 33063-2974

Title S  
Name AUBERTIN, NICOLE CMS  
Address 1402 NE 80TH AVE., UNIT 506  
City-State-Zip: MARGATE FL 33063-2910

Title VP  
Name BALEMIAN, BARRY  
Address 1402 NW 80TH AVE. UNIT 508  
City-State-Zip: MARGATE FL 33063-2907

Title D  
Name HARVEY, BENJI  
Address 1402 NW 80TH AVE UNIT 206  
City-State-Zip: MARGATE FL 33063-2905

*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: DONALD A. CAIL**

**TREASURER**

**02/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date