

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 405675**

1. Entity Name  
**THE CONDO NEWS, INCORPORATED**



Principal Place of Business  
**2827 EXCHANGE COURT  
SUITE C  
WEST PALM BEACH FL 33409**

Mailing Address  
**P.O. BOX 109  
WEST PALM BEACH FL 33402**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
Suite, Apt #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1415134** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TZOUMAS, CATHERINE E  
131 SPRINGDALE CIRCLE  
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent  
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 transferring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | TZOUMAS, CATHERINE E  |                                 |
| STREET ADDRESS | 131 SPRINGDALE CIR    |                                 |
| CITY- ST- ZIP  | PALM SPRINGS FL 33461 |                                 |
| TITLE          | S                     | <input type="checkbox"/> Delete |
| NAME           | LANGLEY, BARBARA      |                                 |
| STREET ADDRESS | 332 NORTH "E" STREET  |                                 |
| CITY- ST- ZIP  | LAKE WORTH FL 33460   |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | SHIRLEY, JAMES L JR   |                                 |
| STREET ADDRESS | 131 SPRINGDALE CIRCLE |                                 |
| CITY- ST- ZIP  | PALM SPRINGS FL 33461 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| 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  |  |                                                                   |
| 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)(f), 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 607, 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:** *Catherine E Tzoumas, Pres.* **3-10-05** **561-471-032**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #