

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90126 004 ****61.25

DOCUMENT # 717589

1. Entity Name

THE CONTINENTAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3233 N.E. 32 AVE.
FORT LAUDERDALE FL 33308**

Mailing Address

**3233 N.E. 32 AVE.
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1351928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KALFAS, RITA
3233 N.E. 32ND AVENUE
FT. LAUDERDALE FL 33308**

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 *Rita Kalfas*
Signature, typed or printed name of registered agent and title if applicable.

Rita Kalfas

2-17-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **KALFAS, RITA**
STREET ADDRESS **3233 N.E. 32ND AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIVITO, UBALDI**
STREET ADDRESS **3233 NE 32ND AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME **D. Vito, 48010**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **BRUNDAGE, PATRICIA**
STREET ADDRESS **3833 NE 32ND AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME **P. Moschetti, John**
STREET ADDRESS **3233 NE 32nd Avenue**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE **S** ☐ Delete
NAME **ROCKWELL, JIM**
STREET ADDRESS **3833 NE 32ND AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEANGELIS, F**
STREET ADDRESS **3233 N.E. 32ND AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SLATTERY, JOHN**
STREET ADDRESS **3833 NE 32ND AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME **VP John Slattery**
STREET ADDRESS **3233 N.E. 32nd Avenue**
CITY-ST-ZIP **Fort Lauderdale FL 33308**

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: *Rita Kalfas* **SIGNATURE REQUIRED**

2-17-03 954-565-8589

CR2E037 (10/02)