


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90051 029 ****61.25

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # 718006 1. Entity Name STRAND PLAZA ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 421 NE 1 STREET HALLANDALE, FL 33009 | | | Mailing Address C/O DCI, 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-1449417 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST # 200 HOLLYWOOD, FL 33020 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY - ST - ZIP | PD BLAKE, HOWARD 421 NE 1ST STREET #204 HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD RAMOS, MARTIN 421 NE 1st St # 114 HALLANDALE, FL 33009 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD O'NEILL, JORGE 421 NE 1ST ST # 111 HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PEREZ, DANIEL 421 NE 1st St. # 108 HALLANDALE, FL 33009 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD O'NEILL, PEGGY 421 NE 1ST ST # 111 HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD WONG, CARMEN 421 NE 1st St. # 117 HALLANDALE, FL 33009 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD TRETER, ANA 421 NE 1ST ST # 205 HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MANARINA, JUDITH 421 NE 1st St # 109 HALLANDALE, FL 33009 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STRASSER, GLORIA 421 NE 1ST ST # 110 HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Judith Manarina</i> | | | 4/8/05 954-922-5514 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |