

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90047 009 ****70.00

DOCUMENT # 719277

1. Entity Name
CORINTHIAN GARDENS, INC.



Principal Place of Business
**501 S. W. 11TH PLACE
BOCA RATON FL 33432
US**

Mailing Address
**501 S. W. 11TH PLACE
BOCA RATON FL 33432
US**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1452317

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKWITH, MARY
501 SW 11TH PLACE
#409 B
BOCA RATON FL 33432**

Name
OTT, BEN T.
Street Address (P.O. Box Number is Not Acceptable)
**501 SW 11TH PLACE
208 B**
City
BOCA RATON FL Zip Code
33432

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 **Ben F. Ott** **Feb 17, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD ☒ Delete
NAME **BECKWITH, MARY**
STREET ADDRESS **501 S.W. 11TH PL, #409B**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE PD ☒ Change ☒ Addition
NAME **OTT, BEN T.**
STREET ADDRESS **501 SW 11TH PL. # 208 B**
CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE TD ☐ Delete
NAME **SOUTHWICK, NANCY**
STREET ADDRESS **501 S.W. 11TH PL, #408B**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE SD ☐ Delete
NAME **GOODWIN, SANDRA**
STREET ADDRESS **501 SW 11TH PL #413-B**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE D ☒ Delete
NAME **VIOLA, PHIL**
STREET ADDRESS **501 S.W. 11TH PL, #314C**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE D ☐ Change ☒ Addition
NAME **deBARRY, AARON**
STREET ADDRESS **501 SW 11TH PL. # 418C**
CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME **KIZIS, BRANDON**
STREET ADDRESS **501 SW 11TH PL. # 117C**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: **Ben F. Ott** **2/17/04** **561-417-8360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #