

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

02-08-2005 90004 011 ****61.25

66003900



1st MOORE CR2E037 (10/04)

DOCUMENT # 719630			
1. Entity Name CHRISTOPHER HOUSE CONDOMINIUM APARTMENTS, INC.			
Principal Place of Business 401 BRINY AVE POMPANO BCH FL 33062		Mailing Address 401 BRINY AVE POMPANO BCH FL 33062	
2. Principal Place of Business <i>401 Briny Avenue</i> Suite, Apt. #, etc. <i>Pompano Beach</i> City & State <i>FL</i>		3. Mailing Address <i>401 Briny Avenue</i> Suite, Apt. #, etc. <i>Office</i> City & State <i>Pompano Beach, FL</i>	
Zip <i>33062</i>	Country <i>USA</i>	Zip <i>33062</i>	Country <i>USA</i>
4. FEI Number 59-1418284		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNESUALT, J. HERVE 401 BRINY AVE, APT 309 POMPANO BEACH FL 33062		7. Name and Address of New Registered Agent Name <i>Einhorn, Milton</i> Street Address (P.O. Box Number is Not Acceptable) <i>401 BRINY AVE, OFFICE</i> City <i>Pompano Beach</i> FL Zip Code <i>33062</i>	
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 reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERVE, ARNESUALT 401 BRINY AVE #309 POMPANO BEACH FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ray Smith 401 Briny Ave., #15 Pompano Beach, FL 33062 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BATTAGLIA, CHARLES 401 BRINY AVE #504 POMPANO BEACH FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Charles Battaglia 401 Briny Ave. Apt 504 Pompano Beach, FL 33062 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEARY, ANN 401 BRINY AVE #601 POMPANO BEACH FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOBIL, SAMI 401 BRINY AVE #616 POMPANO BEACH FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Milton Einhorn 401 Briny Ave. #516 Pompano Beach, FL 33062 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAYLOR, GREG 401 BRINY AVE #406 POMPANO BEACH FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Maintenance BRIAN Nilsson 401 Briny Ave. # 501 Pompano Beach, FL 33062 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANTOZZI, LARRY 401 BRINY AVE #313 POMPANO BEACH FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same ☐ Change ☐ 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>Ann Leary</i> - <i>ANN LEARY, Secretary</i>		Date <i>03/04/05</i> - (954) 946-1637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	