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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

C/O 3850 LAKE WORTH ROAD

SUITE 4 LAKE WORTH FL 33461

DOCUMENT # 720624

1. Entity Name

Principal Place of Business

LAKE WORTH FL 33461

2. Principal Place of Business

SUITE 4

Suite, Apt. #, etc.

City & State

Zip

C/O 3850 LAKE WORTH ROAD SUITE 4

CORAL SEA OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

Country

ZACHARIA, HYMAN J CPA

3850 LAKE WORTH ROAD

LAKE WORTH FL 33461

the obligations of registered agent.

6. Name and Address of Current Registered Agent



Country

Name

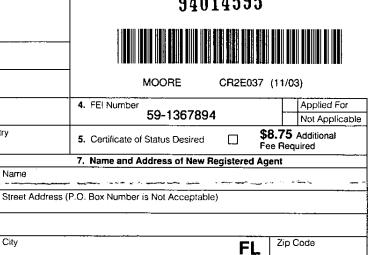
City

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

FILED Feb 12, 2004 8:00 am **Secretary of State**

02-12-2004 90032 006 ****61.25

94014000



SIGNATURE								
	Signature, typed or printed name of registered agent and litle if applic	able. (NOTE: Re	egistered Agent signa	ture 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 Cher Florida Depa		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENLE, EDWARD 3930 N. OCEAN DR., #128 SINGER ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLANSFIELD, CHARLES 3930 N. OCEAN DR., #216 SINGER ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLANASAN, ESTELLE 3930 N. OCDAN DR., #231 SINGER SLAND FL 33404	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MCKWEENY, DONALD 3930 N. OCEAN DR., #120 SINGER ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				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.								