
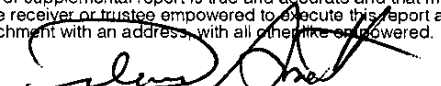


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90129 013 \*\*\*\*61.25

<b>DOCUMENT # 721640</b> 1. Entity Name <b>THE ELMAVALE ASSOCIATION, INC.</b>					
Principal Place of Business <b>ELMAVALE ASSOCIATION, INC.</b> <b>PO BOX 93-4541</b> <b>MARGATE FL 33093</b> <b>US</b>			Mailing Address <b>ELMAVALE ASSOCIATION, INC.</b> <b>PO BOX 93-4541</b> <b>MARGATE FL 33093</b> <b>US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1381768</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEINBERG, STEVEN A ESQ.</b> <b>8000 PETERS ROAD</b> <b>PLANTATION FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, JANICE		NAME	Janice Armstrong	
STREET ADDRESS	7480 SW 10TH ST, 102-A		STREET ADDRESS	7480 SW 10th St 102-A	
CITY-ST-ZIP	N. LAUDERDALE FL 33068		CITY-ST-ZIP	N. Lauderdale FL 33068	
TITLE	SA	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCETTE, FRANCIOS		NAME	Lucette Francios	
STREET ADDRESS	7491 SW 10TH CT, 101-B		STREET ADDRESS	7491 SW 10th Ct 101-B	
CITY-ST-ZIP	N. LAUDERDALE LAKES FL 33068		CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILMORE, ARNETT		NAME	Philmore Arnett	
STREET ADDRESS	7481 SW 10TH 102-C		STREET ADDRESS	7481 SW 10th Ct 102-C	
CITY-ST-ZIP	N. LAUDERDALE FL 33068		CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DENISE		NAME		
STREET ADDRESS	7471 SW 10TH CT, 202-D		STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL 33068		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSER-CROFT, SHERRILL		NAME		
STREET ADDRESS	12250 NW 20TH CT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33323-1913		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 or empowered.					
<b>SIGNATURE:</b> 			4/6/05      954-588-9360		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					