

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90024 006 ****61.25

DOCUMENT # 721910

1. Entity Name
FILLMORE CONDOMINIUM APTS., INC.



Principal Place of Business
**2010 FILLMORE ST
BOX 411
HOLLYWOOD, FL 33020**

Mailing Address
**2010 FILLMORE ST
BOX 411
HOLLYWOOD, FL 33020**

60003193



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1424609

Applied For

Not Applicable

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

**LAPORTE, MELAINE
2010 FILLMORE STREET #411
HOLLYWOOD, FL 33020**

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

Melanie LaPorte

1/14/06

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when changing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☐ Delete
NAME **CALLARI, VINCENT B**
STREET ADDRESS **2010 FILLMORE ST APT #206**
CITY-STATE-ZIP **HOLLYWOOD, FL 33020**

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

TITLE **D** ☐ Delete
NAME **KOTTE, JOHN**
STREET ADDRESS **2010 FILLMORE STREET, APT. 407**
CITY-STATE-ZIP **HOLLYWOOD, FL 33020**

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

TITLE **SD** ☐ Delete
NAME **LAPORTE, MELANIE**
STREET ADDRESS **2010 FILLMORE ST, SUITE 202**
CITY-STATE-ZIP **HOLLYWOOD, FL 33020**

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

TITLE **TDD** ☒ Delete
NAME **LEBBAD, GEORGE**
STREET ADDRESS **2010 FILLMORE ST APT #310**
CITY-STATE-ZIP **HOLLYWOOD, FL 33020** **DECEASED**

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

TITLE **D** ☐ Delete
NAME **BRUNDRY, EDWIN**
STREET ADDRESS **2010 FILLMORE ST, APT 308**
CITY-STATE-ZIP **HOLLYWOOD, FL 33020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

VINCENT B CALLARI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

Date

954

920-1119

Daytime Phone