2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90038 029 ****61.25

DOCUMENT # 722754

1. Entity Name
PEARL CONDOMINIUM ASSOCIATION, INC.

24008772

Principal Place of Business	Mailing Address
% SUNRAE MANAGEMENT SERVICES,INC. 7071 W. COMMERCIAL BLVD., SUITE 2B TAMARAC, FL 33319 US	% SUNRAE MANAGEMENT SERVICES,INC. 7071 W. COMMERCIAL BLVD., SUITE 2B TAMARAC, FL 33319 US

DO NOT WRITE IN THIS SPACE

01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1535216
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT SERVICES, INC
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KATZ, S
STREET ADDRESS	4151 NW 41 ST #108
CITY-ST-ZIP	LAUDERDALE LKS, FL
TITLE	VP
NAME	URSO, FRANK
STREET ADDRESS	4191 NW 41ST , #211
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	GROSSANO, ELIZABETH
STREET ADDRESS	4191 NW 41ST STREET, #116
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	FUHRMAN, AL
STREET ADDRESS	4191 NW 41ST ST #216
CITY-ST-ZIP	LAUDERDALE LKS, FL
TITLE	D
NAME	USHER, DEBBIE
STREET ADDRESS	4191 NW 41ST #313
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	SD
NAME	MANDERSON, PEARL
STREET ADDRESS	4191 NW 41ST #217
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319

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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: Sylvia L Katz 1-23-2004 954-739-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #