## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2006 8:00 am Secretary of State

02-10-2006 90010 008 \*\*\*\*61 25

1. Entity Nam	MEN 1 # 728819 PEL MAR ASSOCIATION, IN	C.				02-10-200	16 90010 (	008 *****6	01.25	
3900 GALT OCEAN DR. 390			Mailing Address 3900 GALT OCEAN DR. FT. LAUDERDALE, FL 33308			NU		V		
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262006	Chg-NP		37 (11/05)		
City & State		City & State			4. FEI Number			A	pplied For	
Zip Country		Zip Countr			59-1596 5. Certificate of	of Status Desired	. 🗆	\$8.75 Add		
	6. Name and Address of Current F	Penistered Anent	<u> </u>		7 Name and	Address of Nev	Pagistered		<del></del>	
	o. Name and Address of Current P	registered Agent	Name		r. Name and	Address of New	Registered	Agent		
BECKER & POLIAOFF PLA 121 ALHAMBAR PLAZA				Street Address (P.O. Box Number is Not Acceptable)						
10 TH FLO	OOR ABLES, FL 33134		<del>-</del> -							
			City		FL Zip Code					
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office	or registere	d agent, or both	n, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent sign	ature required w	rhen reinstating)		DATE		<del></del>	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Ca	E: Registered Agent sign mpaign Financing Contribution.		shen reinstating) \$5.00 May Be Added to Fees	F		k payable transfer of S		
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Financing		\$5.00 May Be Added to Fees	FINGES TO OFFI	Make chec lorida Depa	rtment of S	itate	
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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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 (954)328-004