2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 729196

1. Entity Name
THE TUDORS IN THE PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 PINE TREE CR #3 ATLANTIS, FL 33462 US	2421 24TH LANE LAKE WORTH, FL 33463

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2032963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAGLIALUNGO, GAIL
2421 24TH LANE
LAKE WORTH, FL 33463

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

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	FUDESCO, FRANK
STREET ADDRESS	400 PINE TREE CT, #3
CITY-ST-ZIP	ATLANTIS, FL 33462, 33462
TITLE	STD
NAME	PAGLIALUNGO, GAIL
STREET ADDRESS	2421 24TH LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463,
TITLE	VD
NAME	DOLAN, JOHN
STREET ADDRESS	150 BILLINGSGATE B
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80059-022 61.25

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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: Gail Paglialungo Secre-Treas 1/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #