

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 729196</b>	
1. Entity Name <b>THE TUDORS IN THE PINES CONDOMINIUM ASSOCIATION, INC.</b>	
Principal Place of Business <b>400 PINE TREE CR #3 ATLANTIS, FL 33462 US</b>	Mailing Address <b>2421 24TH LANE LAKE WORTH, FL 33463</b>



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2032963</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PAGLIALUNGO, GAIL 2421 24TH LANE LAKE WORTH, FL 33463</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUDESCO, FRANK 400 PINE TREE CT, #3 ATLANTIS, FL 33462, 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PAGLIALUNGO, GAIL 2421 24TH LANE LAKE WORTH, FL 33463,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DOLAN, JOHN 150 BILLINGSGATE B 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	

1100000174727  
01/10/05-80022-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/4/05 561 642-1900  
GAIL PAGLIALUNGO