

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90004 004 \*\*\*\*61.25

**DOCUMENT # 729250**

1. Entity Name  
**TORREMAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**985 SE 19TH AVENUE #105**  
**DEERFIELD BEACH, FL 33441**

Mailing Address  
**985 SE 19TH AVENUE #105**  
**DEERFIELD BEACH, FL 33441**

**50021878**



07012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1644339</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

**KINCHLA**  
**KINCHLA, MARY H**  
**985 SE 19TH AVENUE**  
**SUITE 105**  
**DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	<b>KINCHLA</b>
STREET ADDRESS	<b>KINCHLA, MARY H</b>
CITY-ST-ZIP	<b>985 SE 19TH AVENUE 105</b> <b>DEERFIELD BEACH, FL 33441</b>

TITLE	ST
NAME	<b>DOHERTY, PAUL</b>
STREET ADDRESS	<b>985 SE 19TH AVE #104</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>

TITLE	VPD
NAME	<b>WINTER, MARIE</b>
STREET ADDRESS	<b>985 S.E. 19 AVENUE #202</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Mary Helen Kinchla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-01-06**  
Date

**954-428-4345**  
Daytime Phone #