

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

07-28-2004 90020 040 \*\*\*\*61.25  
729525

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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MOORE CR2E037 (4/04)

<b>DOCUMENT # 729525</b> 1. Entity Name <b>THE MARIPOSA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 2001 S. SURF RD HOLLYWOOD FL 33019			Mailing Address 2001 S. SURF RD HOLLYWOOD FL 33019		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>98-0031908</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RABEN, RICHARD</b> <b>2130 HOLLYWOOD BLVD.</b> <b>HOLLYWOOD FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PT</b> <input type="checkbox"/> Delete NAME <b>DITOMASO, DIANA</b> STREET ADDRESS <b>2001 S SURF RD</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VPR PRES</b> <input type="checkbox"/> Delete NAME <b>SINKI, GABE</b> STREET ADDRESS <b>2001 S SURF RD</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>DIRECTOR</b> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>RICHARD RABEN CPA</b> STREET ADDRESS <b>2130 HOLLYWOOD BLVD</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Richard Raben</u> <b>DIRECTOR</b> <span style="float: right;">7/26/04 954-922-5696</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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