## **2004 NOT-FOR-PROFIT CORPORATION**

## FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90106 033 \*\*\*\*61.25

## **ANNUAL REPORT**

1. Entity Nam	MENT # 729994 NIL BAY CONDOMINIUM AS	SOCIATION,	INC.			<del>1-</del> 10-2004	0100 033	01.23	
GUAR200 331260296 1003 03 01/08/04 NOTIFY SENDER OF NEW ADDRESS :GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI FL 33166-6820						ì	24043918	3	
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p.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, etc.			ng-NP	CR2E037 (10/03)	) 	
City & State Ci		City & State	y & State		4. FEI Number 59-154609	7	<del>+</del> -	Applied For Not Applicable	
Zip	Country	Zip	C	Country	5. Certificate of St	atus Desired	\$8.75 A	dditional	
	6. Name and Address of Current F	legistered Agent			7. Name and Add	ress of New Re	<u> </u>		
FEIN, P.A.	STEVEN			Name					
900 SO. S			Street Address		iss (P.O. Box Number is I	(P.O. Box Number is Not Acceptable)			
PLANTATI	ION, FL 33317			`					
				City			FL Zip Co	ode	
	named entity submits this statement for tions of registered agent.	the purpose of cha	anging its regist	tered office or regi	istered agent, or both, in	the State of Flori	ida. ∤am familiar witl	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registr	tered Agent signature req	quired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25  Due by May 1, 2004	9. Ele	(NOTE: Registrection Campaign	n Financing	\$5.00 May Be Added to Fees		DATE ke check payable la Department of		
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	<b>9.</b> Ele Tro	ction Campaigr st Fund Contrib	n Financing	\$5.00 May Be	Florid	ke check payable la Department of	State	
	Filing Fee is \$61.25 Due by May 1, 2004	<b>9.</b> Ele Tro	ction Campaigr	n Financing oution.	\$5.00 May Be Added to Fees	Florid	ke check payable la Department of	State IN 10	
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  TD  LIGERMAN, DAVID  2715 TIGERTAIL AVE., #403	9. Ele Tru ECTORS	ction Campaigr st Fund Contrib  1  clete TI  N.  S  C:  clete TI  N.  S  S  S  S  S  S  S  S  S  S  S  S  S	n Financing pution	\$5.00 May Be Added to Fees	Florid	ke check payable la Department of S AND DIRECTORS	State IN 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  TD LIGERMAN, DAVID 2715 TIGERTAIL AVE., #403 MIAMI, FL 33133 SD PORTER, ELISABETH 2715 TIGERTAIL AVE., #603	9. Ele Tru ECTORS	ction Campaign st Fund Contrib  elete III N. S C: C: Slete III N. S C: C: N. S C: C: Selete III N. S S C: S S S S S S S S S S S S S S S S	n Financing pution.   I1.  IIILE  IAME  STREET ADDRESS  CITY-ST-ZIP  IIILE  IAME  STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable ta Department of S AND DIRECTORS Change	State IN 10 Addition	
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  TD LIGERMAN, DAVID 2715 TIGERTAIL AVE., #403 MIAMI, FL 33133 SD PORTER, ELISABETH 2715 TIGERTAIL AVE., #603 MIAMI, FL 33133 P GRUBER, DONALD 2715 TIGERTAIL AVE. #602	9. Ele Tro	ction Campaign st Fund Contrib  clete III N. Si Ci clete III N. Si	n Financing oution.   I1.  IIILE  JAME STREET ADDRESS CITY-ST-ZIP  IIILE  JAME STREET ADDRESS CITY-ST-ZIP  IIILE  JAME STREET ADDRESS CITY-ST-ZIP  IIILE  JAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable la Department of S AND DIRECTORS Change	State IN 10 Addition Addition	
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNALUES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 104