

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90387 049 \*\*\*\*61.25

**DOCUMENT # 732192**

1. Entity Name

CARAVEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1700 S.E. 15TH STREET  
FT. LAUDERDALE FL 33316

Mailing Address

1700 S.E. 15TH STREET  
FT. LAUDERDALE FL 33316

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1654376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33312-3525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature requires when reciding)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, RICHARD	
STREET ADDRESS	1700 SE 15TH ST	
CITY- ST- ZIP	FT LAUDERDALE, FL 00000	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MAHANNAH, GERALDINE C	
STREET ADDRESS	1700 S.E. 15TH STREET	
CITY- ST- ZIP	FT LAUDERDALE FL 33316	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PARKMAN, ALICE M	
STREET ADDRESS	1700 SE 15TH ST	
CITY- ST- ZIP	FORT LAUDERDALE FL 33316	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WAGGONER, DOUGLAS C	
STREET ADDRESS	1700 SE 15TH ST	
CITY- ST- ZIP	FT LAUD FL 33316	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWEIGART, LAURIE	
STREET ADDRESS	1700 SE 15TH ST SUITE 210	
CITY- ST- ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David A. Fleisher	
STREET ADDRESS	1700 S.E. 15th St. #103	
CITY- ST- ZIP	Ft Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07 954-463-7834