


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

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90002 029 \*\*\*\*61.25

<b>DOCUMENT # 736763</b>			
1. Entity Name <b>OMEGA CONDOMINIUM NO. 11, INC.</b>			
Principal Place of Business <b>1801 NW 75TH AVENUE PLANTATION FL 33313</b>		Mailing Address <b>1801 NW 75TH AVENUE PLANTATION FL 33313</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1800202</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

03014666



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>DAVE BROWN</b> <del>ALLISON, DANIEL</del> <b>1801 NW 75 AVE., APT 208</b> <b>PLANTATION FL 33313</b>		7. Name and Address of New Registered Agent Name <b>same as other</b> Street Address (P.O. Box Number is Not Acceptable) <b>same</b> City <b>FL</b> Zip Code	
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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: *David J. Brown, President* DATE: *2/28/2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S HARWOOD, JOY 1801 NW 75 AVENUE FORT LAUDERDALE FL 33313</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Cynthia MOREDOCK</b> <b>1801 NW 75 AVENUE APT. 313</b> <b>FT. LAUD., FL. 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD ALLISON, DANIEL 1801 NW 75 AVENUE PLANTATION FL 33313</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President BROWN, DAVID 1801 NW 75 AVENUE PLANTATION FL 33313</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director DIAMOND, THEODORE 1801 NW 75TH AVE. PLANTATION FL 33313</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice President Bill BERILKA 1801 N.W. 75 Ave. Plantation, FL 33313</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director Sean ELLIOTT 1801 NW 75 AVE APT 109 Plantation, FL 33313</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *DAVID J. BROWN, President* DATE: *2/28/2004* DAYTIME PHONE #: *954-792-5005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #