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

changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # 738592** 1. Entity Name 05-03-2004 91249 002 \*\*\*\*61.25 PORT 53 TOWNHOMES CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 1824 SW 53 AVE 2626 E COMMERCIAL BLVD PLANTATION FL 33317 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1791831 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANAGEMENT ASSIST, INC. Street Address (P.O. Box Number is Not Acceptable) 2626 E COMMERCIAL BLVD SUITE 4 FORT LAUDERDALE FL 33308 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE Addition Change SKEE, SHARON FREDETTE, CAROLYN NAME NAME 1804 \$W 53 AVE STREET ADDRESS 1804 SW 53 AVE STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 Change TITLE ☐ Delete TITLE DST ☐ Addition ESPINO-JONES, DARLENE NAME ESPINO-JONES 1800 S W 53RD AVENUE 1800 SW 53 AVE STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 SD TITLE Delete TITLE Change **Addition** L'ANE, JANET WILSON, KATHRYN-NAME NAME 1812-SW-53-AVE---STREET ADDRESS STREET ADDRESS 1824 SW 53 AVE PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FREDETTE

Daytime Phone #

**FILED**