2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 740589

EL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
4228 EL MAR DRIVE

Mailing Address

LAUDERDALE BY THE SEA, FL 33308

PO BOX 7503 FORT LAUDERDALE, FL 33338

FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90181 031 ****61.25

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04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1802579

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, MONROE 4228 EL MAR DR.

#505

LAUDERDALE-BY-THE-SEA, FL 33308

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 the above named entity submits his statement if the obligations of registered agent. 	or the purpose of changing its registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agen	t and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$61.25	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

	Due by May 1, 2008	Trust Fund Contribution.
10.	OFFICERS AND DIREC	CTORS
ME	PD	
NAME	LONG, MONROE	
STREET ADDRESS	4228 EL MAR DRIVE	
City-St-Zip	LAUDERDALE BY THE SEA, FL 3330	08
TITLE	S	
NAME	DAMURJIAN, ARLENE	
STREET ADDRESS	4228 EL MAR DRIVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 3330	08
TITLE	TD	
NAME	DOWNING, JACK	
STREET ADDRESS	4228 EL MAR DRIVE	
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308	
TITLE	VPD	
NAME	FAZI, JOHN	
STREET ADDRESS	4228 EL MAR DRIVE	
CITY-ST-ZIP	LAUD BY THE SEA, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNE

GNING OFFICER OR DIRECTOR

4-29-08

954.561.856

Daytime Ph