2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2007 8:00 am Secretary of State 04-27-2007 90235 001 15,496.25

1. Entity Name	9	# 740817 NDOMINIUM ASSOC			04-27-20)07 9023	5 001 1	5,496.25		
Principal Place of Business COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442 Mailing Address COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL									184111 M	
,		ness - No P.O. Box ≇	3. Mailing Address Suite, Apr. #, etc.			_				
Suite, Apt. #, etc.							Chg-NP	CR2E037	` .	
City & State			City & State			4. FEI Number 59-19214	162			plied For t Applicable
Zip	Country		Zip	Zip Co		5. Certificate of Status Desired				
	6. Name	and Address of Current F	7. Name and Address of New Registered Agent Name							
CONDOMI LLAGE EA 3501 WES	ST,INC.	VNERS ORGANIZATI	Street Address (P.O. Box Number is Not Acceptable)							
		1, FL 33442-2085								
			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 preted name of registered agent and title if applicable (NOTE: Registered Agent aighefure required when libratistry) DATE										
		oe is \$81.25 May 1, 2007	Financing tion.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.	r==	OFFICERS AND DIR		11.		ADDITIONS/CHAN	IGES TO OFFICE			
NAME STREET ADDRESS CITY-SI-ZIP	425 TILF	RAN, WILLIAM R PRES ORD T ELD BEACH, FL 33442	□ Defete						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DV DYOTTE 434 TILF DEERFIE	•	☐ Detete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTO, IC 424 TILF DEERFIE		☐ Delete		I				□ Change	Addition
TITLE RAME STREET ADDRESS CITY-ST-ZIP	425 TILF	RAN, MAGALI A ORD T ELD BCH., FL 33442	Ociete		I				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZEP	D LUCIUS, 435 TILF DEERFIE		☐ Dereta		1				Change	Addition
HAME STREET ADDRESS CITY-S1-ZIP	423 TILF DEERFII	ELD BEACH, FL 33442	☐ Delete	COT*	ME MEET ADDRESS Y-ST-ZIP				☐ Change	Addition
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 Instate 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. WILLIAM R. CORCORAN										