

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 742943

1. Entity Name
ESPLANADE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US**

Mailing Address
**1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US**



01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1868329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, ROBERT 1901 SOUTH OCEAN BLVD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANKIN, NED 1901 SOUTH OCEAN BLVD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMARRO, MIKE 1901 SOUTH OCEAN BLVD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORUSSO, DINO 19015 OCEAN BLVD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, TIM 19015 OCEAN BLVD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/07-80041-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #