

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743718

FILED
May 01, 2004
Secretary of State

Entity Name: IXORIA CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

4168 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4168 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 73-1664494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JSEN, RUBEN
4168 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436

Name and Address of New Registered Agent:

JAEN, RUBEN
4168 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436

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.

SIGNATURE: RUBEN JAEN

05/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JSEN, RUBEN
Address: 4168 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: MARIS, ELENA
Address: 4168 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: STD () Delete
Name: MARIA, MOISE
Address: 4168 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAEN, RUBEN
Address: 4168 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MARIS, MOISE
Address: 4168 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33438

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN JAEN

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date