


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90211 002 ****61.25

DOCUMENT # 746484 1. Entity Name CORNICHE CONDOMINIUM APARTMENT ASSOCIATION OF THE PALM BEACHES, INC.					
Principal Place of Business 5200 N OCEAN DRIVE SINGER ISLAND, FL 33404			Mailing Address 5200 N OCEAN DRIVE SINGER ISLAND, FL 33404		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2166075 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIREKTOR, KENNETH S BECKER & POLIAKOFF 625 N FLAGLER DR., 7TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name EDWARD DICKER, ESQ. Street Address (P.O. Box Number is Not Acceptable) DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH #400 City WEST PALM BEACH FL Zip Code 33409	
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 <i>Edward Dicker of Dicker Krivok & Stoloff</i> DATE <i>2/29/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LARRY 5200 N OCEAN DR., #20A SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHRYN RENDO 5200 N. OCEAN DR., #1006 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, ANNY 5200 NORTH OCEAN DR SUITE 802 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARY ANN NIEMIEC 5200 N. OCEAN DR., #901 SINGER ISLAND, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERNA, JOHN 5200 N OCEAN DR., #801 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN AVERNA 5200 N. OCEAN DR., #801 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENDO, KATHRYN 5200 N. OCEAN DR., #1006 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALD KAPLAN 5200 N. OCEAN DR., #503 SINGER ISLAND, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEIN, SEYMOUR 5200 NORTH OCEAN DR SUITE 214 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN ROSEN 5200 N. OCEAN DR., #805 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIRONTE, LILLIAN 5200 N. OCEAN DRIVE #21B SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVANNI LANZA 5200 N. OCEAN DR., #1101 SINGER ISLAND, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: <i>Kathryn C Rendo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		25-FEB-08 (561) 848-3911 x2 <small>Date Daytime Phone #</small>			