2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2004 08:00 AM **DOCUMENT # 748997 Secretary of State** 1. Entity Name CHERRY GROVE CONDOMINIUM NO. 10/5 ASSOCIATION, INC. Principal Place of Business Mailing Address 9341 SW 88TH STREET MIAMI FL 33176 9341 SW 88TH STREET MIAMI FL 33176 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zia Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANCEY, ROSE A Street Address (P.O. Box Number is Not Acceptable) 9341 SW 88TH STREET MIAMI FL 33176 City 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and stile if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD THLE Delete THE Change Addition YANCEY, ROSE A U00000044677 NAME NAME 9341 SW 88TH STREET 02/11/04-80030-012 61.25 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY - ST - ZIP COY-ST-782 SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARDING, STACIE R NAME NAME 9170 SW 95TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33176 City-St-zip CITY-ST-ZIP TD. TITLE ☐ Delete TITLE Change. Addition YANCEY, REBECCA A NAME MAME 9170 SOUTHWEST 95TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY - ST - ZIP CITY-ST-ZIP ពល F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Detete MILE ☐ Change ☐ Addition NAME MAKER STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZIP T133 F Delete TIBLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CDY-ST-782 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

ROSE ANNAYAMEY

SIGNATURE:

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