

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90275 001 ****61.25

DOCUMENT # 749268

1. Entity Name
**THE AUSTRALIAN WAREHOUSES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

1750 AUSTRALIAN AVE

3

RIVIERA BEACH, FL 33404 US

Mailing Address

1750 AUST. AVE

STE 3

RIVIERA BEACH, FL 33404 US

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2206503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWIND, GEORGE
1601 FORUM PL
WEST PALM BEACH, FL 33401

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDBERG, HENRY
STREET ADDRESS 1750 AUSTRALIAN AVE #3
CITY-ST-ZIP RIVIERA BCH., FL

TITLE STD
NAME GOLDBERG, SCOTT
STREET ADDRESS 1750 AUSTRALIAN AVE #3
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE VD
NAME ~~ANALYST~~ ROBERT AMORIM
STREET ADDRESS 1750 AUSTRALIAN AVE
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Goldbey

4/11/05

Date

561 881 8705

Daytime Phone #