## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91039 026 \*\*\*\*61.25

1. Entity Name THE CARL	IENT # 749503 TON CONDOMINIUM ASSOCI	ATION, INC.				
	NRISE BOULEVARD 30	ling Address 00 EAST SUNRISE BOULE IRT LAUDERDALE, FL 333				
Principal Place of Business     3. Mailing Address						
Suite, Apt. #,	etc.	uite, Apt. #, etc.		04272004 Chg-	NP CR2E037 (1	0/03)
City & State C		City & State		4. FEI Number 59-1959353	1	Applied For Not Applicable
Zip	Country	Zip (	Country	5. Certificate of Statu		75 Additional Required
	6. Name and Address of Current Regist	ered Agent	Name	7. Name and Addres	s of New Registered Ager	nt .
LARRY BLACKE, P.A. 3326 NE 33 ST FORT LAUDERDALE, FL 33308				Street Address (P.O. Box Number is Not Acceptable)		
,	D. (D. (D. )		City		FL	Zip Code
SIGNATURE	ns of registered agent.  gnature, typed or printed name of registered agent and title if	applicable. (NOTE: Regin	stered Agent signature	required when reinstating)	DATE	
	iling Fee is \$61.25 ue by May 1, 2004	9. Election Campaig Trust Fund Contri		\$5.00 May 8e Added to Fees	Make check pa Florida Departme	
NAME F STREET ADDRESS 3	OFFICERS AND DIRECTO DST POPE, BARBARA 3000 E SUNRISE BLVD T. LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN 10 Change
STREET ADDRESS 3	D GLASGOW, IRIS 3000 E SUNRISE BLVD. FORT LAUDERDALE, FL 33304	2 33333	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
STREET ADDRESS 3	D AW, JOHN 3000 E SUNRISE BLVD, 17-A FORT LAUDERDALE, FL 33304	3 30000	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change Addition
STREET ADORESS 3	D STETSON, ROBERT 8000 E SUNRISE BLVD, 7-H FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
NAME \ STREET ADDRESS 3	DVP VALVERDE, FERNANDO 3000 E SUNRISE BLVD FORT LAUDERDALE, FL 33304	7-4	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET ADORESS CITY-ST-ZIP	D BUCKHEIT, BOOD G SUNR FT. CANUAL	SHONAUN ISU BLVD B	Change Addition
indicated or of the corpo	ritiy that the information supplied with this fil In this report or supplemental report is true a oration or the receiver or trustee empowered or on an attachment with an address, with all	nd accurate and that my sign to execute this report as re	gnature shall ha	ve the same legal effect as if n	nade under oath; that I am a	in officer or director
SIGNATU	JRE: SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DI	RECTOR	4/24/	te Daytim	e Phone #