

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90030 017 \*\*\*\*61.25

**DOCUMENT # 752202**

1. Entity Name

TRES VIDAS CONDOMINIUM ONE, INC.



Principal Place of Business

6850 NW 2ND AVE.  
BOX 37  
BOCA RATON FL 33487

Mailing Address

6850 NW 2ND AVE.  
BOX 37  
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2122676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PODINA, DORIS  
6950 N.W. 2ND AVE. #21  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	PODINA, DORIS	
STREET ADDRESS	6850 N.W. 2ND AVE. #21	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOJTOS, LASLO	
STREET ADDRESS	6850 NW 2ND AVE. #24	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SORKIN, BERNICE	
STREET ADDRESS	6850 NW 2ND AVE# 22	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINBUCH, DIANE	
STREET ADDRESS	6850 NW 2ND AVE# 23	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steinbuch, Diane	
STREET ADDRESS	6850 N.W. 2nd Ave. #23	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon, Lee	
STREET ADDRESS	6850 N.W. 2nd Ave. #12	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doria, Janet	
STREET ADDRESS	6850 N.W. 2nd Ave. #32	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khoury, Nicholas	
STREET ADDRESS	6850 N.W. 2nd Ave. #35	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cherry, Jay	
STREET ADDRESS	6850 N.W. 2nd Ave. #31	
CITY-ST-ZIP	Boca Raton, Fl. 33476	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Robert	
STREET ADDRESS	6850 N.W. 2nd Ave. #36	
CITY-ST-ZIP	Boca Raton, Fl. 33487	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

Treas/Director

3-16-06

561-997-7987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #