


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90004 035 \*\*\*\*61.25

<b>DOCUMENT # 755315</b> 1. Entity Name <b>BAMBOO VILLAS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1250 MIAMI RD #7 FT LAUDERDALE, FL 33316 US</b>	Mailing Address <b>2224 S.E. 20TH STREET FT LAUDERDALE, FL 33316-3614 US</b>
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2169299</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MINIACI, DOMINICK F 821 E BROWARD BLVD FT LAUDERDALE, FL 33301</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOOD JR, LEWIS F 2224 S.E. 20 STREET FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZINSER, CAROL 1250 S MIAMI RD 7 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REID, LINDA 3900 OCEAN DRIVE #14E LAUDERDALE BY THE SEA, FL 33308
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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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:**  **Sec/Tres** 7/7/04 954-763-2861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54062201-

#755315

View check!  
Please not our records.  
Shows payment made  
with check #211. This  
check was not returned  
with our statements for the  
last 2 months.

Thanks - JCS