

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90063 011 \*\*\*\*61.25

**DOCUMENT # 755993**

1. Entity Name

7 EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

535 NE 7 AVENUE  
FT. LAUDERDALE FL 33301

Mailing Address

535 NE 7 AVENUE  
FT. LAUDERDALE FL 33301

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 (10/04)

4. FEI Number

59-2478232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

TIGHE, TOM  
800 E BROWARD BLVD  
STE 505  
FT LAUDERDALE FL 33301

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 PD  
NAME SENKO, RICK ☐ Delete  
STREET ADDRESS 575 NE 7TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE TD  
NAME KING, DOUGLAS ☐ Delete  
STREET ADDRESS 571 NE 7TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VPD  
NAME KING, HANZ ☐ Delete  
STREET ADDRESS 575 NE 7TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D  
NAME MILLER, JOHN ☐ Delete  
STREET ADDRESS 555 N.E. 7 AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D  
NAME BENN, WALTER ☒ Delete  
STREET ADDRESS 587 N.E. 7 AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Ron Jones  
STREET ADDRESS 591 NE 7ave  
CITY-ST-ZIP FT LAUDERDALE FL, Director

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard Senko pres.*

4.23.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #