


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 756408
 1. Entity Name
SOUTHRIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 15931 S.W. 8TH AVENUE DELRAY BCH, FL 33484	Mailing Address 15931 S.W. 8TH AVENUE DELRAY BCH, FL 33484
--	--

DO NOT WRITE IN THIS SPACE



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2171937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BEHAR, ELI
 4309 LIVE OAK BLVD.
 DELRAY BEACH, FL 33445

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000309323
 04/16/05-80033-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEHAR, ELI 15931 S.W. 8TH AVENUE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, ROGER 530 S PARK RD, BLDG 11, APT 23 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHAR, RAYMONDE 15931 S.W. 8TH AVENUE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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, initial, or other like empowered.

SIGNATURE:  **4/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #