

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

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90030 010 \*\*\*\*62.00

**DOCUMENT # 758452**

1. Entity Name

1323-25 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1323 NORTHWEST 8TH AVENUE  
FORT LAUDERDALE FL 33311  
US

1323 NORTHWEST 8TH AVENUE  
FORT LAUDERDALE FL 33311  
US

2. Principal Place of Business

1323-25-N.W.-8th-AVE

3. Mailing Address

1323 N.W 8th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Laud. FL

City & State

Ft Laud-FL

Zip

33311

Country

U.S.A

Zip

33311

Country

U.S.A

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

WOOD, DENNIS D  
2116 TYLER ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

DEN WOOD-DENNIS D.

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

2116 TYLER ST

City

HOLLYWOOD FL

FL

Zip Code

33020

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, 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 PD  
NAME LEOPRANCE, CHRISNER  
STREET ADDRESS 1323 NW 8TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE SD  
NAME CELOUTE, CELLANA  
STREET ADDRESS 1323 NORTHWEST 8TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE LEOPRANCE-CHRISNER  
NAME 1323 N.W 8th AVE  
STREET ADDRESS Ft Laud FL 33311 ☐ Change ☐ Addition

TITLE CELOUTE Celiana  
NAME 1323 N.W 8th AVE  
STREET ADDRESS Ft Laud-FL 33311 ☐ Change ☐ Addition

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

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

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

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

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: Chrisner-Leoprance

3-6-06

954.467 6156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #