

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 026 ****61.25

DOCUMENT # 758452	
1. Entity Name <i>Chrisner-Leperance</i>	
1323-25 CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business	Mailing Address
1323 25 NW 8TH AVE FORT LAUDERDALE FL 33311 US	1323 25 NW 8TH AVE FORT LAUDERDALE FL 33311 US



2. Principal Place of Business - No P.O. Box # <i>1323-25 NW 8TH AVE</i>	3. Mailing Address <i>1323 NW 8TH AVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/07)

City & State <i>Ft Lauderdale - FL</i>	City & State <i>Ft Lauderdale - FL</i>
Zip <i>33311</i>	Country <i>USA</i>
Zip <i>33311</i>	Country <i>USA</i>

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Dennis D. Wood</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2116 Tyler St.</i>	
City <i>Hollywood</i>	State FL
	Zip Code <i>33020</i>

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 _____

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEOPERANCE, CHRISNER 1323 NW 8TH AVE FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chrisner-Leperance</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1323 NW 8TH AVE</i> <i>Ft Lauderdale FL 33311 P.D.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CELOUTE, CELLANA 1323 NORTHWEST 8TH AVENUE FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Celiana Celoute</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1323 NW 8TH AVE</i> <i>Ft Lauderdale FL 33311 P.D.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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-Leperance Celiana Celoute* 8/22/07 754.467.6156