


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90039 035 \*\*\*\*61.25

<b>DOCUMENT # 758452</b> 1. Entity Name <b>1323-25 CONDOMINIUM ASSOCIATION, INC.</b> <b>CHRISNER LESPERANCE</b>			
Principal Place of Business <b>1323 25 N.W. 8TH AVE</b> <b>FORT LAUDERDALE FL 33311</b> <b>US</b>		Mailing Address <b>1323 25 N.W. 8TH AVE</b> <b>FORT LAUDERDALE FL 33311</b> <b>US</b>	
2. Principal Place of Business - No P.O. Box # <b>1323 N.W. 8TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1323 N.W. 8TH AVE</b> Suite, Apt. #, etc.	
City & State <b>Ft Land - FL</b>		City & State <b>Ft Land - FL</b>	
Zip <b>33311</b>	Country <b>USA</b>	Zip <b>33311</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>WOOD, DENNIS D</b> <b>2116 TYLER ST</b> <b>HOLLYWOOD FL 33020</b>		7. Name and Address of New Registered Agent Name <b>DENNIS R. WOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2116 Tyler St</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is not used when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>LEOPERANCE, CHRISNER</b> <b>1323 25 N.W. 8TH AVE</b> <b>FORT LAUDERDALE FL 33311</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHRISNER LESPERANCE</b> <b>1323-25 N.W. 8TH AVE</b> <b>Ft Land - FL 33311</b> <b>President</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>CELOUTE, CELLANA</b> <b>1323 25 N.W. 8TH AVE</b> <b>FORT LAUDERDALE FL 33311</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CELIANA CELOUTE</b> <b>1323-25 N.W. 8TH AVE</b> <b>Ft Land - FL - 33311</b> <b>secretary</b>
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



1st MOORE CR2E037 (10/07)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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-Lesperance** **03-11-08** **9549934883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #