
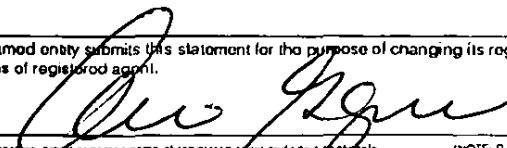


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90051 025 \*\*\*\*70.00

<b>DOCUMENT # 760642</b>					
1. Entity Name <b>THE FLORANADA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3225 N.E. 16TH STREET POMPANO BEACH FL 33062</b>		Mailing Address <b>3225 N.E. 16TH STREET POMPANO BEACH FL 33062</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <b>ALAIN, GAGNON 3225 N.E. 16TH STREET 1 B POMPANO BEACH FL 33062</b>		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City	Zip Code		
FL					
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 <b>4/30/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE (APPLICABLE)		(NOTE: Registered Agent signature required when reissuing)			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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	ST MAYNARD, CLAUDE 2845 ORSINI BROSSARD OC CA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HIGGOTT, BILL JOHN 119 EAST PALM DRIVE MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE	HIGGOTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
			CITY- ST- ZIP		
TITLE	VP DUDYS, DANIEL 3225 NE 16TH ST B POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR TED SENSENBRENNER 3225 NE 16TH ST, #19 POMPANO BEACH FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR LEA BIAU-TOWNSEND 3209 DOVER RD POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR SVATOPIUK KUFA TYRA 145 73961 TRINEC, CZECH REPUBLIC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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, without other like empowered.					
SIGNATURE: 		DATE: <b>3-30-07</b>		PHONE: <b>954-788-5594</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	