

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

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90042 047 \*\*\*\*61.25

<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



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2459343</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALAIN GAGNON</b> <b>3225 N.E. 16TH STREET</b> <b>1 B</b> <b>POMPANO BEACH FL 33062</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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>3/4/08</b>	

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete <b>MAYNARD, CLAUDE</b> <b>2845 ORSINI</b> <b>BROSSARD QC CA</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>HIGGOTT, BILL J</b> <b>119 EAST PALM DRIVE</b> <b>MARGATE FL 33063</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete <b>DUDYS, DANIEL</b> <b>3225 NE 16TH ST</b> <b>POMPANO BEACH FL 33062</b>	TITLE <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>SENSENBREHNER, TED</b> <b>3225 NE 16TH ST #19</b> <b>POMPANO BEACH FL 33062</b>	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>BLAU-TOWNSEND, LEA</b> <b>3208 DOVER RD</b> <b>POMPANO BEACH FL 33062</b>	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>KUFA, SVATOPLUK</b> <b>TYRA 145</b> <b>TRINEC, CZECH REPUBLIC 73961</b>	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: **Bill Higgott** **2-14-08** **954-943-9885**