

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764293

FILED
Jan 06, 2005
Secretary of State

Entity Name: CANADA HOUSE BEACH CLUB WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1717 N. OCEAN BLVD.
POMPANO BEACH, FL 330623420

New Principal Place of Business:

Current Mailing Address:

1704 N. OCEAN BLVD.
POMPANO BEACH, FL 330623420

New Mailing Address:

FEI Number: 59-2390127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUHMAN, DENISE A
CANADA HOUSE BEACH CLUB
1717 N. OCEAN BLVD, STE 3006
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: OSCARSON, DAVE
Address: 310 SE 7TH STREET
City-St-Zip: POMPAN0 BEACH, FL

Title: DP () Delete
Name: LONOW, VIRGINIA L.
Address: 2304 CYPRESS BEND DR, S
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: ST () Delete
Name: OTTINO, JP III
Address: 3015 N OCEAN BLVD #121
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: AMIANO, CHARLES
Address: 5710 S 38TH CT
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA L. LONOW

DP

01/06/2005

Electronic Signature of Signing Officer or Director

Date