

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 037 ****61.25

DOCUMENT # 767350

1. Entity Name

21/22 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9655 SOUTH DIXIE HWY., #200
MIAMI, FL 33156

Mailing Address

9655 SOUTH DIXIE HWY., #200
MIAMI, FL 33156



01192004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2719935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARKIN, JEREMY S
9655 SOUTH DIXIE HWY., #200
MIAMI, FL 33156

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WRIGHT, MICHAEL
STREET ADDRESS	1600 PINE BLUFF AVENUE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	V
NAME	ECKSTEIN, ROBERT
STREET ADDRESS	9655 SOUTH DIXIE HWY., #200
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	T
NAME	JACKSON, TIM
STREET ADDRESS	2274 DOGWOOD GLENN COVE
CITY-ST-ZIP	GERMANTOWN, TN 38139
TITLE	S
NAME	LARKIN, JEREMY S
STREET ADDRESS	9655 SOUTH DIXIE HWY., #200
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

Date

Daytime Phone # _____