


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90255 007 ****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

20044034



2. Principal Place of Business
4767 New Broad Street

3. Mailing Address
4767 New Broad Street

Suite, Apt. #, etc.
Baldwin Park

Suite, Apt. #, etc.
Baldwin Park

04132005 Chg-NP CR2E037 (10/03)

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
59-2719935

Applied For
Not Applicable

Zip
32814

Country
USA

Zip
32814

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Michael E. Wright

Street Address (P.O. Box Number is Not Acceptable)
4767 New Broad Street

Baldwin Park

City
Orlando

FL

Zip Code
32814

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 4/15/05

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, MICHAEL 1600 PINE BLUFF AVENUE ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wright, Michael 4767 New Broad Street Baldwin Park Orlando, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECKSTEIN, ROBERT 9655 SOUTH DIXIE HWY., #200 MIAMI, FL 33156 <input checked="" 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	T JACKSON, TIM 2274 DOGWOOD GLENN COVE GERMANTOWN, TN 38139 <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	S LARKIN, JEREMY S 9655 SOUTH DIXIE HWY., #200 MIAMI, FL 33156 <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 power like empowered.

SIGNATURE: _____ DATE 4/15/05 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR