. 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2004 08:00 AM **DOCUMENT # 769640 Secretary of State** 1. Entity Name 1104 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1104 HIGHLAND BEACH DRIVE HIGHLAND BEACH FL 33487 4210 S OCEAN BLVD #3 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGELLA, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 4210 S OCEAN BLVD UNIT #3 HIGHLAND BEACH FL 33487 City 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 Signature, typed or prints a name of register of agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW; FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Florida Department of State Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANGELLA, DYANN NAME NAME U00000072446 03/01/04-80111-013 61.25 4210 S OCEAN BLVD # 3 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33487 CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition MATTHEWS, BOBBY NAME NAME 161 YELLOW JACKET DR STREET ADDRESS STREET ADDRESS VERSAILLES KY 40383 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LANGELLA, ANTHONY J NAME NEWF 4210 S OCEAN BLVD #3 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33487 CITY - ST - ZIP CMY-ST-ZIP ☐ Deiete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 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 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 gifter tike empowered.

Anthony J. Langella

SIGNATURE:

2-26-04

561-243-1043

FILED