

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769640**

1. Entity Name  
1104 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1104 HIGHLAND BEACH DRIVE  
HIGHLAND BEACH, FL 33487

Mailing Address  
4210 S OCEAN BLVD #3  
HIGHLAND BEACH, FL 33487



03172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LANGELLA, ANTHONY J  
4210 S OCEAN BLVD UNIT #3  
HIGHLAND BEACH, FL 33487

**DO NOT WRITE  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000273891  
03/23/05-80046-006 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME LANGELLA, DYANN  
STREET ADDRESS 4210 S OCEAN BLVD # 3  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE VD  
NAME MATTHEWS, BOBBY  
STREET ADDRESS 161 YELLOW JACKET DR  
CITY-ST-ZIP VERSAILLES, KY 40383

TITLE PDT  
NAME LANGELLA, ANTHONY J  
STREET ADDRESS 4210 S OCEAN BLVD #3  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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)(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 other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-05

1-561-243-1043