

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 769760

1. Entity Name
TEN-EIGHTY CONDOMINIUM, INC.



Principal Place of Business
**% VASSILIS, TSAGAS
37 BRACKETT ST.
BRIGHTON, MA 02135**

Mailing Address
**% VASSILIS, TSAGAS
37 BRACKETT ST.
BRIGHTON, MA 02135**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2358344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TSAGAS, VASSILIS
1080 92ND ST.
BAY HARBOR ISLANDS, FL 33154**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GARCIA, ROBERT
1086 92ND STREET
BAY HBR ISLANDS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ANTEQUERA, MARJORIE F.
1082 92ND STREET
BAY HBR ISLANDS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
TSAGAS, VASSILIS
1080 92ND STREET
BAY HBR ISLANDS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GARCIA, YOLANDA
1086 92ND STREET
BAY HARBOR ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000810867
02/11/08-80003-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

VASSILIS TSAGAS (PTD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08 617-782-2848
Date Daytime Phone #