2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90055 047 ****61.25

DOCUMENT # 814298

1. Entity Name
TAROMINA APTS. INC.

Principal Place of Business	Mailing Address
1936 S OCEAN DRIVE HALLANDALE, FL 33009	1936 S OCEAN DRIVE HALLANDALE, FL 33009

01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0933047 ☐ Applied For ☐ Not Applicable

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
HAMMOND, PHYLLIS 1936 SOUTH OCEAN DRIVE APT 21B HALLANDALE BEACH, FL 33009 CALABRO, CARMELA 1936 S OCEAN DR 18A HALLANDALE BCH, FL 33009	Name CALABRO, CARMELA Street Address (P.O. Box Number is Not Acceptable) 1936 S OCEAN DR. 18A ~~18A~~ City HALLANDALE BEACH FL Zip Code 33009

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 Carmela Calabro CARMELA CALABRO 1ST VP 2/24/04
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

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 MAYSE, JAMES MR 1936 S OCEAN DR 5D HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS CARIDI, JOAN 1936 S OCEAN DR. 11B HALLANDALE, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ 1ST VP CALABRA, CARMALA MRS 1936 S OCEAN DR A18 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLSON, GEORGIA 1936 S OCEAN DR. 11C HALLANDALE, FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ PRES CHIRICO, MARCO 1936 SO. OCEAN DRIVE HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAYSE, MARY JO 1936 S OCEAN DR 13C HALLANDALE, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCALISE, CARL 1936 S OCEAN DR 22A HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIGIOVANNI, ARTHUR MR 1936 S OCEAN DR C20 HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VARVARO, ANTHONY 1936 SO OCEAN DRIVE HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 other like empowered.

SIGNATURE: Carmela Calabro CARMELA CALABRO 2/24/04 954-452-2756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #