

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 839880

1. Entity Name

FREUND ASSOCIATES, INC.



Principal Place of Business

1500 S OCEAN BLVD
#802-S
BOCA RATON FL 33432
US

Mailing Address

1500 S OCEAN BLVD
#802-S
BOCA RATON FL 33432
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

38-1913404

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

FREUND, RICHARD A.
1500 S. OCEAN BLVD.
#802-S
BOCA RATON FL 33432

Name

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

City

FL

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	FREUND, RICHARD A	
STREET ADDRESS	1500 S OCEAN BLVD., #802-S	
CITY- ST- ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREUND, ROBERT A.	
STREET ADDRESS	3985 TORREY HILL LANE	
CITY- ST- ZIP	SAN DIEGO CA 92130	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLDS, PATRICIA	
STREET ADDRESS	4924 LEEBSBURG	
CITY- ST- ZIP	WEST BLOOMFIELD MI 48323	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEINMAN, FRANCES	
STREET ADDRESS	550 HENLEY	
CITY- ST- ZIP	BIRMINGHAM MI 48009	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, MEREDITH	
STREET ADDRESS	PO BOX 190	
CITY- ST- ZIP	LAUPAHOEHOE HI 96764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000281507	
STREET ADDRESS	03/31/05-80005-018 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 607, 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

* MAR 22 2005

Daytime Phone #

561-368 2729