


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000279	
1. Entity Name CONDREN REALTY MANAGEMENT CORP.	

Principal Place of Business 110 MANAGERS PLACE SYRACUSE, NY 13209	Mailing Address 110 MANAGERS PLACE SYRACUSE, NY 13209
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1139508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HRAWG CORP.
1801 NORTH MILITARY TRAIL, STE. 200
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CONDREN, WILLIAM J 240 BANYAN ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTOPHER, PATRICK F 110 MANAGERS PLACE SYRACUSE, NY 13209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HAYFIELD, ERNEST J JR 110 MANAGERS PLACE SYRACUSE, NY 13209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMERSON, JIRINA H 450 PARK AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100100332529
04/26/05-80062-008 150.00

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: *Patrick F. Christopher* Patrick F. Christopher, President 315 451-2005

April 11, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #