

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 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



05112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1139508  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DC  
NAME CONDREN, WILLIAM J  
STREET ADDRESS 240 BANYAN ROAD  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE P  
NAME CHRISTOPHER, PATRICK F  
STREET ADDRESS 110 MANAGERS PLACE  
CITY-ST-ZIP SYRACUSE, NY 13209

TITLE VPT  
NAME HAYFIELD, ERNEST J JR  
STREET ADDRESS 110 MANAGERS PLACE  
CITY-ST-ZIP SYRACUSE, NY 13209

TITLE S  
NAME EMERSON, JIRINA H  
STREET ADDRESS 450 PARK AVENUE  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000567606  
06/26/06-80003-016 150.00

**DO NOT WRITE  
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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR June 19, 2006 Daytime Phone #