


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # G75152 1. Entity Name CONDOMINIUM ASSOCIATION MANAGEMENT COMPANY	
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Principal Place of Business % THEODORE D. RAHE 327 ELDREDGE RD. FT. WALTON BEACH, FL 32547-1308	Mailing Address % THEODORE D. RAHE 327 ELDREDGE RD. FT. WALTON BEACH, FL 32547-1308
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2415823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**RAHE, THEODORE D.
327 ELDREDGE RD.
FT. WALTON BEACH, FL 32548**

**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 _____
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, 2004 Fee will be \$550.00**

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 ABEL, SERRA R 14 CAMBRIDGE FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABEL, GREGG 14 CAMBRIDGE FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHE, THEODORE D 327 ELDRIDGE ROAD FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHE, MARY W 327 ELDRIDGE ROAD FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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04/21/04-80051-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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: Mary W. Rahe V.P. Mary W. Rahe 4-19-04 850 244-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #