


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001812**

1. Entity Name  
 2889 ASSOCIATION, INC.



Principal Place of Business  
 2889 N.E. 33RD COURT  
 FT LAUDERDALE, FL 33306

Mailing Address  
 2889 N.E. 33RD COURT  
 FT LAUDERDALE, FL 33306

**DO NOT WRITE IN THIS SPACE**



02222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0992340

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHELDON, SANDRA  
 2889 NE 33RD CT  
 UNIT 2  
 FORT LAUDERDALE, FL 33306

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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 \_\_\_\_\_  
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. Elector Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000077768  
 03/05/04-80056-026 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC MADRIGANO, ROCCO 5 HIDDEN HOLLOW CT GREENBROOK, NJ 08812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHELDON, SANDRA 5 HIDDEN HOLLOW CT GREENBROOK, NJ 08812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, DIERDRE 2889 NE 33RD CT #4 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMAN, MARTY 3921 MILITART ROAD NW WASHINGTON, DC 20015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLADIN, FLORENCE 2889 NE 33RD CT #3 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *2/24/04* Daytime Phone #