

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                     |                                                                                                                                                                         |                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00000004655</b><br>1. Entity Name<br>163-167 MONROE DRIVE, PLANTATION KEY,<br>CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                     |                                                                                                                                                                         |                                   |  |
| Principal Place of Business<br>3615 ANDERSON ROAD<br>CORAL GABLES-FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               | Mailing Address<br>3615 ANDERSON ROAD<br>CORAL GABLES FL 33134                                                      |                                                                                                                                                                         |                                                                                                                    |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                                                         |                                                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | City & State                                                                                                        |                                                                                                                                                                         |                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                       | Zip                                                                                                                 | Country                                                                                                                                                                 | 4. FEI Number <b>65-1042726</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                     |                                                                                                                                                                         |                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RANKIN, JAMES L</b><br><b>3615 ANDERSON ROAD</b><br><b>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                                                                                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                     |                                                                                                                                                                         |                                                                                                                    |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         | <b>Make Check Payable to Florida Department of State</b>                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                   |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><b>RANKIN, JAMES L</b><br><b>3615 ANDERSON ROAD</b><br><b>CORAL GABLES FL 33134</b>      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><b>DOMINGUEZ, CAROL</b><br><b>3614 MONSERRATE STREET</b><br><b>CORAL GABLES FL 33134</b> |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | 000000028634 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/04/04-80033-021 61.25         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <input type="checkbox"/> Delete<br><b>KUCH, PETER</b><br><b>12480 S.W. 80TH AVENUE</b><br><b>MIAMI FL 33156</b>             |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                               |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| 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 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. |                                                                                                                               |                                                                                                                     |                                                                                                                                                                         |                                                                                                                    |  |
| <b>SIGNATURE: J L Rankin J.L. RANKIN 1-23-04 305-446-1792</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                                     |                                                                                                                                                                         |                                                                                                                    |  |