

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90060 046 ****61.25

DOCUMENT # N00607



1. Entity Name
 700 NOKOMIS AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 700 NOKOMIS AVENUE
 VENICE, FL 34285-3419

Mailing Address
 700 NOKOMIS AVENUE
 VENICE, FL 34285-3419

50013534



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2334968

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, PEGGY J DMD
 700 NOKOMIS AVENUE S
 VENICE, FL 33595

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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: *M.P. Mason* DATE: *1-30-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
D	MASON, PEGGY J DMD 700 NOKOMIS AVENUE SO. VENICE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	HISCOCKS, JEANETTE 700 NOKOMIS AVENUE SO. VENICE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	MASON, CRAIG MD 700 NOKOMIS AVENUE SO. VENICE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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)(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: *M.P. Mason* DATE: *1-30-05* DAYTIME PHONE #: *941-484-3557*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

500/3534

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 21, 2005

700 NOKOMIS AVENUE CONDOMINIUM ASSOCIATION, INC.
700 NOKOMIS AVENUE
VENICE, FL 34285-3419

SUBJECT: 700 NOKOMIS AVENUE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N00607

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 205A00004317