## ~2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 17, 2006 8:00 am Secretary of State

MAME STREET ADDRESS S					_ ~~.				
DADMARK MADINESPRICES INC   LADBORDERS INC   STATE	1. Entity Nan	ne	CONDOMINIUM, INC.		07-	17-2006 90136 02	20 ****61.	25	
Suite April 4 to 15 Suite April 5 Suite Ap	D. JOMARK I 12325 SW 5 FORT LAUD	MGM: SERVICES INC 15TH ST BLOG 1000 STE 1002 PDALE, FL 33320 US	LAND MRK MGMT SER TO 12323 SW 35TH ST BLD	3 1290 STE 1002		5		<u>.</u>	
City & State    City & State   City & City & State   City & City & State   City & City & City & State   City & Cit	2. Principal F		Clo States +	Beater		JB 1811F 98811 1881 81621 87811 8161			
Second control   Seco	·	<u> </u>	5505 Pem	broke Rd	07112006 Chg	-NP CR2E0	37 (4/06)		
S. Conflictate of Status Desired   Fee Required Fee Required   Fee	City & Stat	te		EL			<del></del>		
RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET, STE 300  BOCA RATON, FL 33487  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of	Zip	Country		Country	5. Certificate of State			ional	
RANDALL K. ROGER & ASSOCIATES, P.A.  \$21 NW 53RD STREET, STE 300  BOCA RATON, FL 33487    City   FL   Zip Code		6. Name and Address of Current I	Registered Agent		7. Name and Addre	ss of New Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable)    City	RANDALL	K. ROGER & ASSOCIATES P	• A	Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of impresent agent and the f applicable.  Filling Fee is \$61.25  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS	621 NW 53RD STREET, STE 300			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of impresent agent and the f applicable.  Filling Fee is \$61.25  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS				L.			•		
SIGNATURE  Filing Fee is \$61.25 Due by September 6, 2006  10. CFFICERS AND DIRECTORS  THE MAKE HEYMAN, IRIS SIBERI ADDRESS SAB AW 95TH TERR CITY-ST-2P SUNRISE, FL STREEI ADDRESS STREEI ADDRESS STREEI ADDRESS STREEI ADDRESS SASA W 95TH TERR CALIFANO, LINDA STREEI ADDRESS STREEI ADDRESS SASA W 95TH TERR CALIFANO, LINDA STREEI ADDRESS STREEI ADDRESS SASA W 95TH TERR CALIFANO, LINDA STREEI ADDRESS STREEI ADDRESS STREEI ADDRESS STREEI ADDRESS STREEI ADDRESS SASA W 95TH TERR STREEI ADDRESS STREEI ADDRE				City	<del>-</del>	FL	Zip Code		
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   SET NICE PRESIDENT   Delete   ITILE   PRESIDENT   Change   Addition    NAME   TOAN BAIR (2ett   8.3    STREET ADDRESS   352 A WW 95TH TERR   STREET ADDRESS   352 P WW 94 P AVE   8.3    STREET ADDRESS   3574 NW 95TH TERR   STREET ADDRESS   3574 NW 95TH TERR   CITY-ST-2P   FORT LAUDERDALE, FL 33351   CITY-ST-2P   SUNRISE, FL 3335	8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or registe	ered agent, or both, in th	e State of Florida. I am fi	amiliar with, a	nd accept	
TITLE NAME HEYMAN, IRIS STREET ADDRESS STREET ADDRE	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating)	DATE	<del></del>		
NAME SIREET ADDRESS START ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS START ADDRESS STREET ADDRESS START ADDRESS STREET ADDRESS STR		Filing Fee is \$61.25	9. Election Campa	aign Financing	\$5.00 May Be	Make check		te	
TITLE VD NAME CONSUEBRA, RODRIBO STREET ADDRESS 3574 NW 95TH TERR CITY-ST-ZPP FORT L'AUDERDALE, FL 33351  TITLE D NAME CALIFANO, LINDA STREET ADDRESS 3634 NW 95TH TERR CITY-ST-ZPP SUNRISE, FL 33351  TITLE D SUNRISE, FL 33351  TITLE SD SUNRISE, FL 33351  TITLE SUNRISE, FL 3	D	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIR	9. Election Campa Trust Fund Corr  ECTORS	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of Sta		
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TITLE D DRECTOR Change Addition NAME BARHAM, CARRIE SIREET ADDRESS 3553 NW 94TH AVE SIREET ADDRESS 3553 NW 94TH AVE SIREET ADDRESS 36 35 NW 94TH AVE SEIDMAN, ELLEN NAME SEIDMAN, ELLEN SIREET ADDRESS 36 72 NW 95 TERRE  TITLE TD SUNRISE, FL 33351 SIREET ADDRESS 36 72 NW 95 TERRE  TD SURRISE FL 33351 SIREET ADDRESS 36 72 NW 95 TERRE  TD SURRISE FL 33351 SIREET ADDRESS 36 72 NW 95 TERRE  TD SURRISE FL 33351 SIREET ADDRESS 36 72 NW 95 TERRE  TD SURRISE FL 33351 SIREET ADDRESS 36 72 NW 95 TERRE  TD SURRISE FL 33351 SIREET ADDRESS 36 72 NW 95 TERRE  SIREET ADDRESS 36 72 NW 94 AVE  C-/	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIR HEYMAN, IRIS 3584 NW 95TH TERR SUNRISE, FL VD CONSUEBRA, RODRIBO 3574 NW 95TH TERR	9. Election Campa Trust Fund Con	aign Financing Intribution.   11.  TITLE PRE NAME JOAN STREET ADDRESS 3.5. CITY-ST-ZIP SWI TITLE SEZZ NAME STREET ADDRESS 3.6	\$5.00 May Be Added to Fees ADDITIONS/CHANGES SIDENT IN BARRE 29 NW 94 VRISE TO VET HEY 30 NW 95	Make check Florida Depart TO OFFICERS AND DIR AVE 8.3 2. 833.51	ECTORS IN 1 Change	0	
NAME SEIDMAN, ELLEN  STREET ADDRESS 3604 NW 95TH TERR #0-3  CITY-ST-ZIP SUNRISE, FL 33351  TITLE  TD  CAVALLO, ROCCO  STREET ADDRESS 3621 NW 95 TERR  STREET ADDRESS 3621 NW 94 AVE C-1	D 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIR HEYMAN, IRIS 3584 NW 95TH TERR SUNRISE, FL VD CONSUEBRA, RODRIBO 3574 NW 95TH TERR FORT L'AUDERDALE, FL 33351 D CALIFANO, LINDA 3634 NW 95TH TERR	9. Election Campa Trust Fund Con  ECTORS  Delete	aign Financing Itribution.   11.  111.  111.  111.  VRE NAME STREET ADDRESS CITY-ST-ZIP SUM STREET ADDRESS CITY-ST-ZIP SUM TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES  SIDENT  AN BAR RE  29 NW 94  NRISE THEY  NET HEY  30 NW 93  NRISE THEY  29 BIRSTO	Make check Florida Departs TO OFFICERS AND DIR  AVE 8.3  2.33.5/  2.14.9572  3.33.5/  3.33.5/  3.4.9572  5.7.2000  6	ment of Sta ECTORS IN 1 Change Change Change	O Addition	
NAME CAVALLO, ROCCO  NAME HARRIET STEPHENS  STREET ADDRESS 3621 NW94 AVE C-1	ID.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIR HEYMAN, IRIS 3584 NW 95TH TERR SUNRISE, FL  VD CONSUEBRA, RODRIBO 3574 NW 95TH TERR FORT L'AUDERDALE, FL 33351 D CALIFANO, LINDA 3634 NW 95TH TERR SUNRISE, FL 33351 D BARHAM, CARRIE 3553 NW 94TH AVE	9. Election Campa Trust Fund Con  ECTORS  Delete  Delete	aign Financing Itribution.  11.  111.  111.  111.  111.  NAME STREET ADDRESS CITY-ST-ZIP SUM STREET ADDRESS CITY-ST-ZIP SUM TITLE NAME STREET ADDRESS CITY-ST-ZIP SUM TITLE NAME STREET ADDRESS CITY-ST-ZIP SUM STREET ADDRESS CITY-ST-ZIP SUM TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES  SIDENT  IN BAR RE  IN BAR RE	Make check Florida Departs TO OFFICERS AND DIR  AVE 8.3  A 333.5/  LIGHT L  333.5/  TERR M  333.5/  AVE 8.3	ment of Sta	O Addition	
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date