


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90193 043 \*\*\*\*61.25

<b>DOCUMENT # N02000008797</b> 1. Entity Name <b>LAUDERHILL CENTRAL RESIDENTS ASSOCIATION. INC.</b>					
Principal Place of Business <b>5721 NW 14 COURT</b> <b>N/A</b> <b>LAUDERHILL, FL 33313</b>			Mailing Address <b>P.O. BOX 190271</b> <b>FORT LAUDERDALE, FL 33319</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>03-0502531</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COLLINS, BERYL V MRS</b> <b>5721 NW14TH COURT</b> <b>N/A</b> <b>LAUDERHILL, FL 33313</b>				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLLINS, BERYL V</b>		NAME		
STREET ADDRESS	<b>5721 NW 14TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EXANTUS, ENONCE</b>		NAME		
STREET ADDRESS	<b>1360 NW 55 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
TITLE	SECY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SALLETTE, JAMEISHIA MRS</b>		NAME		
STREET ADDRESS	<b>5601 NW 13TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, DAWN</b>		NAME		
STREET ADDRESS	<b>5512 NW 22 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
TITLE	SECY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, WILLIE-FRANCES MRS</b>		NAME		
STREET ADDRESS	<b>1520 NW 55 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
TITLE	SECY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARDNER, PAMELA C MRS</b>		NAME		
STREET ADDRESS	<b>5601 NW 16 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Dawn Smith</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
			Date <b>4.26.04</b> Daytime Phone # <b>954.777.0145</b>		