

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90051 007 ****61.25

DOCUMENT # N03000005687



1. Entity Name
CLARIDGE BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**10072 SO. OCEAN DR.
JENSEN BEACH, FL 34957**

Mailing Address
**10072 SO. OCEAN DR.
JENSEN BEACH, FL 34957**

40068120



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

06-1702848

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, TIMOTHY
10072 S OCEAN DR.
JENSEN BEACH, FL 34957**

7. Name and Address of New Registered Agent

Name **Cheryl L. Dunivant**

Street Address (P.O. Box Number is Not Acceptable)
10072 S. Ocean DRIVE

City **Jensen Beach** **FL** Zip Code **34957**

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

Cheryl L. Dunivant, Mgr Cheryl Dunivant **4-2-08**

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, 2008**

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

TITLE **VPT** ☐ Delete
NAME **DUFFY, WILLIAM**
STREET ADDRESS **10072 S OCEAN DR #7 N**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **P** ☐ Delete
NAME **LOEFFELBEIN, ROGER**
STREET ADDRESS **10072 S. OCEAN DR., 10 SOUTH**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **S** ☐ Delete
NAME **LORUSSO, JOHN**
STREET ADDRESS **2484 SW BRIDGE VIEW TERR**
CITY-ST-ZIP **PALM CITY, FL 349901440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

ROGER LOEFFELBEIN PRESIDENT

4-2-08