2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 22, 2004 8:00 am Secretary of State

	OAL KEI OKI			ary or State
DOCUMENT # N0300005924 1. Entity Name			1	4 90002 013 ****61.25
ARTIST COLONY CONDOM	NIUM ASSOCIATION, I	NC.		
Principal Place of Business 1708 MORNINGSIDE DR	Mailing Address 1708 MORNINGS ORLANDO, FL 32			54064288
2. Principal Place of Business	3. Mailing Address			
805-809 NE 17 Suite, Apr. #, etc.	90E Po Box Suite, Apt. #, et	630280	07022004 Chg-NP	CR2E037 (10/03)
City & State FT LAGOENDACE F	City & State MIGN	or FC	4. FEI Number 20-0097508	Applied For Not Applicable
33304 Country BROW.	4AD Zip 33/63	Country DADE	5. Certificate of Status Desired	\$8.75 Additional -Fee Required
6. Name and Address	of Current Registered Agent		7. Name and Address of Nev	Registered Agent
KLISTON, TODD W 8211 W BROWARD BLVD STE PLANTATION, FL 33324	375	Name Street Addre	ess (P.O. Box Number is Not Accepta	ible)
		. City	-	FL Zip Code
8. The above named entity submits this s the obligations of registered agent.	tatement for the purpose of chang	ing its registered office or reg	gistered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE Signature transfer original name of	solstered enent and title if annicable	(NOTE: Registered Agent signature re	duired when reinstation)	DATE
Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check in				Make check payable to
Due by September 8, 2004 Trust Fund Contribution				lorida Department of State
 	RS AND DIRECTORS	11	ADDITIONS/CHANGES TO OFFI	
TITLE D	☑ Delet			☐ Change ☐ Addition
NAME VERNON, BETTY STREET ADDRESS 11 N SUMMERLIN	· •	NAME STREET ADDRESS		
CITY-ST-ZIP ORLANDO, FL 32801	• • • • • • • • • • • • • • • • • • • •	CITY-ST-ZIP		
TITLE D	Delet	TITLE	PRESTORY	☐ Change ☐ Addition
NAME WAITE, MARY		NAME	ARIEL JATIB	
STREET ADDRESS 1827 ILLINOIS			305 NE 17 AVE #2	~ 222011
TITLE D ORLANDO, FL 32803	- I Pole	4141 F	FORT LAUDENDALE I	2 33304 ☐ Change ☐ Addition
NAME SAVKO, JAMES	∠ Dele		TASON VAUBLARIOUM	onangy
STREET ADDRESS 1708 MORNINGSIDE	DR	STREET ADDRESS	805 NE 17 AVENUE	= #1
CITY-ST-ZIP ORLANDO, FL 32806		CITY-ST-ZIP	FOUT LAUDERDALE	
TITLE	☐ Dele	e TITLE (VILLETOR JAMES MEARS	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	805 NE 17 AVENUE	44
CITY-ST-ZIP		CITY-ST-ZIP	FORT LAYNERDALE F	L 33304
TITLE	□ Dele	e TITLE 3	SEZRETARY	☐ Change ☐ Addition
NAME		NAME A	CALEN BROADHY 15T 1905 NE 17 AVENYES	#3
STREET ADDRESS CITY-ST-ZIP				• •
			FORT LAMBORDARD F	
	[7] C-1-	YITLE	FORT LAUDEROGKE F	=6 .33304
TITLE NAME	☐ Dele		FORT LAUDENOGIE F VICE POESIDENT MICHAEL PALMIERI	

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FOCT LA 40 EX DOLD, FL 33 30-4

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 of the required 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 TYPEU OR PHINTED MARE OF SIGNING OFFICER OR DIRECTOR

7/2/2004 954-816-526/ Date Daytime Phone #