

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010239

FILED
Feb 05, 2004
Secretary of State**Entity Name:** CABOT LANE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O GARY I. HANDIN, P.A.
3111 UNIVERSITY DR SUITE 404
CORAL SPRINGS, FL 33065**New Principal Place of Business:****Current Mailing Address:**C/O GARY I. HANDIN, P.A.
3111 UNIVERSITY DR SUITE 404
CORAL SPRINGS, FL 33065**New Mailing Address:**C/O JOHN NIONAKIS
63 HARVEY MILL ROAD
LEE, NH 03824**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HANDIN, GARY I
3111 UNIVERSITY DR
SUITE 404
CORAL SPRINGS, FL 33065**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: NIONAKIS, JOHN
Address: 63 HARVEY MILL RD
City-St-Zip: LEE, NH 03824Title: D () Delete
Name: HANDIN, GARY I
Address: 3111 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065Title: D () Delete
Name: TRUFELLI, ARTHUR W
Address: 27 PENNOCK LANE
City-St-Zip: JUPITER, FL 33458**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NIONAKIS

D

02/05/2004

Electronic Signature of Signing Officer or Director

Date