

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 041 ****61.25

DOCUMENT # N04000001737

1. Entity Name
**KINGS ROW TOWNHOMES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**C/O FOGHT-SILBERSTEIN DEVELOPMENT LLC
524 NE 2ND STREET
DELRAY BEACH, FL 33483**

Mailing Address
**C/O FOGHT-SILBERSTEIN DEVELOPMENT LLC
524 NE 2ND STREET
DELRAY BEACH, FL 33483**

50015460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-NP

CR2E037 (10/03)

4. FEI Number

20-0944858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILBERSTEIN, JEFFREY MR.
C/O FOGHT-SILBERSTEIN DEVELOPMENT LLC
524 NE 2ND STREET
DELRAY BEACH, FL 33483**

Name **MARZETTA, S. J. JR.**
Street Address (P.O. Box Number is Not Acceptable)

**220 Congress Park Drive Ste 115
City Delray Beach FL Zip Code 33445**

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SILBERSTEIN, JEFFREY MR.**
STREET ADDRESS **524 NE 2ND STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **PD** ☐ Change ☐ Addition
NAME **DAGMAR SALL**
STREET ADDRESS **7274 Nottingham Ave**
CITY-ST-ZIP **Cincinnati, OH 45255**

TITLE **VFD** ☒ Delete
NAME **RATEL, CHARAT MR.**
STREET ADDRESS **524 NE 2ND STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MILLER, GARY MR.**
STREET ADDRESS **524 NE 2ND STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE: **X Dagmar R. Sall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-8-05

Date

Daytime Phone #

513 231-4143