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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUL 31 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50023383

DOCUMENT # N04000002580

1. Entity Name
43RD STREET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1511 NE 4 AVE FT LAUDERDALE, FL 33304	1511 NE 4 AVE FT LAUDERDALE, FL 33304

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03232006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-2172784 ☐ 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
SAPORITI, ROBERT 1511 NE 4 AVE FT LAUDERDALE, FL 33304	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstated) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTD SAPOEITS, ROBERT 1511 NE 4 AVE FORT LAUDERDALE, FL 33304	☐ Delete	D	☐ Change	☐ Addition
		☐ Delete	DP JAMES LEE 1511 NE 4TH AVE #5 FORT LAUDERDALE FL 33304	☐ Change	☒ Addition
		☐ Delete	DVP RANDY STRAUSS 4301 NE 1 TERRACE #1 FORTLAUDERDALE FL 33334	☐ Change	☒ Addition
		☐ Delete	DT MATTIA SPADE 4301 NE 1 TERRACE OAKLAND PARK FL 33334	☐ Change	☒ Addition
		☐ Delete	S ROBERT JOHNSON 4303 NE 1 TERRACE OAKLAND PARK FL 33334	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition

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: _____ 7/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #