

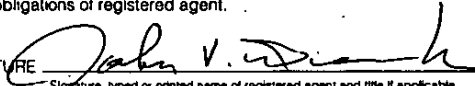
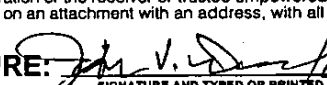


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90003 005 ****61.25

DOCUMENT # N04000010649 1. Entity Name FINN COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2400 EAST LAS OLAS BLVD. #162 FORT LAUDERDALE, FL 33301				Mailing Address 2400 EAST LAS OLAS BLVD. #162 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 3421 N.E. 15th Ave.		3. Mailing Address 3421 N.E. 15th Ave.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50023446</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 07192006 Chg-NP CR2E037 (4/06) </div>	
Suite, Apt. #, etc. Apt. #3		Suite, Apt. #, etc. Apt. #3			
City & State Oakland Park, FL		City & State Oakland Park, FL			
Zip 33334-5367		Zip 33334-5367			
Country USA		Country USA		4. FEI Number 20-1892128	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MASTRANA & CHRISTIANSEN, P.A. 1500 NORTH FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name John V. Doerfler Street Address (P.O. Box Number is Not Acceptable) Apt. #3 3421 N.E. 15th Ave. City Oakland Park FL Zip Code 33334-5367		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> John V. Doerfler, Secretary <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 7/20/2006 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right; font-size: 10px;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINN, ZACHARY 2400 EAST LAS OLAS BLVD. #162 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Giglio 1630 N.E. 46 Street Oakland Park, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MIRABILE, JOE 2400 EAST LAS OLAS BLVD. #415 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD John V. Doerfler 3421 N.E. 15 Ave. Apt. #3 Oakland Park, FL 33334-5367	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMANOWSKI, EDWARD 1325 SE 2ND STREET FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kristin Blackburn 102 George Bush Blvd. Delray Beach, FL 33444-4148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  John V. Doerfler, Secretary 7/20/2006 954 771-7892 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					