

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 008 ****61.25

DOCUMENT # N04000011777 1. Entity Name BROKEN WOODS COMMONS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5415 N.W. 24TH STREET SUITE 106 MARGATE, FL 33063		Mailing Address 5415 N.W. 24TH STREET SUITE 106 MARGATE, FL 33063	
2. Principal Place of Business 9011 NW 38 DR.		3. Mailing Address 9011 NW 38 DR	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33065 Country		Zip 33065 Country	
6. Name and Address of Current Registered Agent SHAPIRO BLASI & WASSERMAN, P.A. 7777 GLADES ROAD SUITE 110 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08142005 Chg-NP CR2E037 (10/03)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PREZZEMOLO, ANTHONY 5099 N.W. 81 TERRACE CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMPSON ROBIN 9011 NW 38 DR. APT #2 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MUNITZ, ALEX 9762 N.W. 18TH STREET CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER 6PL LUISA 9011 NW 38 DR APT #3 CORAL SPRINGS FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD MURPHY, PAUL V 4200 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD PATINO ALVARO 9011 NW 38 DR APT #1 CORAL SPRINGS FL 33065 <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
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 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: <u>ALVARO PATINO</u> 08/22/05 954-255-410.			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			