


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04274</b> 1. Entity Name C.L.M. CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12000 NORTH WEST 29 MANOR SUNRISE, FL 33323 US	Mailing Address 12000 NORTH WEST 29 MANOR SUNRISE, FL 33323 US
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**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0049022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GARDNER, PAULETTE  
12000 NORTHWEST 29TH MANOR  
SUNRISE, FL 33323

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD GARDNER, PAULETTE 12000 NORTH WEST 29TH MANOR SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TODOROV, EVGENI 925 NW 80 TERR MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, PATRICK 4141 NORTH WEST 5TH STREET #218 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000371065  
07/07/05-80001-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paulette Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05

Date

Daytime Phone #