

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NO CHANGES
FILED
Mar 10, 2008 08:00 AM
Secretary of State
ARE TO BE
MADE - SAME
OFFICERS

DOCUMENT # N05000001894 1. Entity Name NW 126TH AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O HELLER USA INC. 750 E SAMPLE RD, #226 POMPANO BEACH, FL 33064			Mailing Address C/O HELLER USA INC. 750 E SAMPLE RD, #226 POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-3136620	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SCHUMACHER, RENA 3521 NW 99 AVENUE CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent	
				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUMACHER, RENA		NAME		
STREET ADDRESS	3541 NW 99 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	U00000853883 03/26/08-80086-011 61.25	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWLEY, TERENCE		NAME		
STREET ADDRESS	9655 NW 59 COURT		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33065		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAHON, MICHELLE		NAME		
STREET ADDRESS	2870 NW 107 AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Michèle L. McMahon</u>			Date: <u>3/6/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>954-753-2070</u>		
Michèle L. McMahon - Secretary					