

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90254 010 ****61.25

DOCUMENT # N06000001083 1. Entity Name SAMPLE COMMONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073			Mailing Address 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5056874	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073				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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
PD GHITIS, LEO 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021	Vice President Jim Luck 1545 Meadowwood Drive Wellington, FL 33414				
VD BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073	President Wade Davis 2450 Wrist Sample Road Suite 20 Pompano Beach, FL 33073				
STD BUTTERS, MARK 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073	Secretary Mervyn Becker 2501 NW 34th Ave #21 Pompano Beach, FL 33069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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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>Wade Davis</u> <u>Pres.</u> <u>Wade Davis</u> <u>4-2-07</u> <u>954-425-8199</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #					