2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

1. Entity Nam	ADES "D" CONDOMINIUM A						90072 039 ****6	
•	GLADES BLVD. WEST	Mailing Address 8489 BOCA GLADES BLV BOCA RATON, FL 33434						
•		3. Mailing Address Berchmont Rope P Suite, Apt. #, etc.	y Mant		04400007			LIII I II 11 31
		7932 WILES R	ωd .		01102007 C	hg-NP	CR2E037 (12/06)	
	springs, Florida	City & State Coral Springs			4. FEI Number 59-253583	36	N	pplied For ot Applicable
3300	PS Country U.S.A.	330la5	Country U.S. A		5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current Re			·	7. Name and Add	tress of New	Registered Agent	
	J. GELFAND				ue + Ass			
SUITE 122			O. Box Number is. ع . ت	Not Acceptab		103		
WEST PA	LM BEACH, FL 33401			مسه	erdale	FL		
	 .		City				FL Zip Coo	3 09
The above the obligat	named entity submits this statement for ti ions of registered agent.	he purpose of changing its re	gistered office o	r registere	d agent, or both, ir	the State of F	lorida. I am familiar with	, and accept
•	12m12	$Q \rightarrow Q$	·		7 1			
SIGNATURE .	Signature, typed or printed name of registered adplyt and	Menden	1			:07		
		TODER SPECIALIS. (NOTE: H	legistered Agent signal	tura raquirad w	hen reinstating)		DATE	
***	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		Make check payable orida Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	eaign Financing ntribution.	□ ;	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flo	Make check payable orida Department of S ERS AND DIRECTORS II	State N 10
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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: Finck Acharah	LISAK. SCHARAK	PRes. 1	124107 483 0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	Dale	Daytime Phone #	