


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N11455 1. Entity Name CONGRESS PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 120 #B S. UNIVERSITY DRIVE PLANTATION, FL 3324 US	Mailing Address 120 #B S. UNIVERSITY DRIVE PLANTATION, FL 33324 US
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2565662	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 FEINSTEIN, MARVIN 120 SOUTH UNIVERSITY DRIVE # B PLANTATION, FL 33324
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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 registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEINSTEIN, MARVIN J. 120 SUITE B SOUTH UNIVERSITY DR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILK, MARK 120 SOUTH UNIV DR # B PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEINSTEIN, BARRY 120 #B SOUTH UNIVERSITY DR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/11/06-80047-003 61.25

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IN THIS SPACE**

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, without other like empowered.

SIGNATURE:  **1/30/06 954 423-9749**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #