

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N11455**

1. Entity Name  
**CONGRESS PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**120 #B S. UNIVERSITY DRIVE  
PLANTATION, FL 3324 US**

Mailing Address  
**120 #B S. UNIVERSITY DRIVE  
PLANTATION, FL 33324 US**

**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2565662**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000607544  
01/31/07-80042-015 61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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, with all other like empowered.

**SIGNATURE:**

*Marvin Feinstein*  
**Marvin Feinstein**

**1/24/07 954423-9749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #