2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required	1. Entity Nam	MENT # N11779 T CONDOMINIUM G ASS			3 90062 004 ****	61.25			
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Cartificate of Status Deaired \$3.75 Additional Fee Registered Agent 7. Name and Address of New Registered Agent Rama Name Sureal Address of New Registered Agent CRITTENBERGER, KELLY Sureal Address of New Registered Agent CRITTENBERGER, KELLY Sureal Address (P.O. Box Number is Nox 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 accepted agent and the report agent a	4373 ROCK ISLAND ROAD 43		4373 ROCK ISLAND RO	73 ROCK ISLAND ROAD					(12:1101 B) 18T1
City & State Country Country Country Country Country End Country Country S. Certificate of Status Desired \$39.2587489 S. Certificate of Status Desired \$39.2587489 S. Certificate of Status Desired \$4. FEI Number of Status Desired \$4. FEI Number of Status Desired \$59.2587489 S. Certificate of Status Desired \$50.05888 S. Certificate of Status Desired \$50.058888 S. Certificate of Status Desired \$50.0588888 S. Certificate of Status Desired \$50.05888888 S. Certificate of Status Desired \$50.05888888 S. Certificate of Status Desired \$50.0588888 S. Certificate of Status Desired \$50.05888888 S. Certificate of Status Desired \$50.05888888 S. Certificate of Status Desired \$50.0588888888 S. Certificate of Status Desired \$50.0588888888 S. Cert	2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address					
City & State City & State City & State City & State Country City Country Coun	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			:ha-NP	CR2E037 (12/06)	
Signature Sign	City & State		City & State		4. FEI Number			pplied For	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered 8. The Body Send Address of New Registered 8. The Body Send Agent Agent Agent Send Registered 8. The Body Send Agent Agent Agent Send Registered 9. City Send Agent Agent Send Registered 9. Address (P.O. Box Number is Not Acceptable) 10. City Send Registered 10.	Žip	Country	Zip	Zip Cour		5 Cardificate of Status Desired \$8.75 Additional			
CRITTENBERGER, KELLY 4373 ROCK ISLAND RD FORT LAUDERDALE, FL 33319 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 acc the obligations of registered agent. SIGNATURE Signature, Todge or prinsed name of registered agent and title if spokesble. Filling Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. DATE Filling Fee Is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE VP GOLDBERG, SILVIA SIREST ADDRESS OITY-ST-ZIP TAUBER, SIDNEY TAMARAC, FL 33321 ITILE PD TAUBER, SIDNEY TAMARAC, FL 33321 ITILE PD Delete TITLE NAME SIREST ADDRESS OITY-ST-ZIP TAMARAC, FL 33321 ITILE S SHELDON, LEVINE SIREST ADDRESS SIREST		6. Name and Address of Course	t Basistand Assat			Fee Required			
Sirreet 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 agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the ob	 · .	6. Name and Address of Curren	Registered Agent		Name	/, Name and Add	TIESS OF NEW N	registered Agent	
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 acc the obligations of registered agent. SIGNATURE Signature, hybeid or protect name of registered agent and life if applicable. Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME OGLOBERG, SILVIA TAMARAC, FL 33321 TITLE Due to the contribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the check payable to the contribution of the contribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the check payable to the contribution of the contribution of the check payable to the contribution of the check payable to th	4373 ROC	K ISLAND RD			Street Address	s (P.O. Box Number is	Not Acceptable	9)	-
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 acc the obligations of registered agent. SIGNATURE Signature S	FORTLAC	DERDALE, FL 33319			Cib			7-6-	
SIGNATURE Signature, hoed or printed name of registered agent and like if applicable. Pilling Fee is \$61.25 Due by May 1, 2008 Pilling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VP COLDBERG, SILVIA SIRRET ADDRESS 7532 ASHIMONT CIR TITLE D SIRRET ADDRESS 7544 ASHIMONT CIR SIRRET ADDRESS 7544 ASHIMONT CIR SIRRET ADDRESS 7544 ASHIMONT CIR SIRRET ADDRESS 7554 ASHIMONT CIR SIRRET ADDRESS 7566 ASHIMONT CIRCLE SIRRET ADDRESS 75768 ASHIMONT CIRCLE SI					City			FL Zip Co	De .
Filing Fee is \$61.25 9. Election Campaign Financing	the obligat	ions of registered agent.					the State of Flo		and accept
Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME GOLDBERG, SILVIA SIREET ADDRESS GITY-ST-2P TAMARAC, FL 33321 TILE D Delete TILE NAME TAUBER, SIDNEY SIREET ADDRESS GITY-ST-2P TAMARAC, FL 33321 TILE PD Delete TILE NAME SCHECK PAYABLE to STREET ADDRESS GITY-ST-2P TAMARAC, FL 33321 TILE PD Delete TILE NAME SCHENDESS GITY-ST-2P TAMARAC, FL 33321 TILE NAME SIREET ADDRESS GITY-ST-2P TAMARAC, FL 33321 TILE NAME SIREET ADDRESS TAMARAC, FL 33321 TILE NAME SIREET ADDRESS TAMARAC, FL 33321 TILE NAME SIREET ADDRESS TAMARAC, FL 33321 TILE NAME SHELDON, LEVINE TAMARAC, FL 33321 TILE TAMARAC, FL 33321 TILE TAMARAC, FL 33321 Delete TILE NAME SIREET ADDRESS TREET ADDRESS TOTY-ST-2P TAMARAC, FL 33321 TILE TAMARAC, FL 33321 Delete TILE TAMARAC, FL 33321 TILE TAMARAC, FL 33321 Delete TILE SIREET ADDRESS TREET ADDRESS		Orgination, typed or printed the ratio of the glades of agent	The last approach. (1901)		o regard angular to texture		1 4,		
TITLE		_						lake check payable ida Department of S	tate
NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TO Delete TITLE NAME SCHWEITZER, LAWRENCE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS TAMARAC, FL 33321 TAMARAC, FL 33321 TITLE NAME STREET ADDRESS TAMARAC, FL 33321 TAMARAC, FL 33321 TITLE NAME STREET ADDRESS STREET AD	10.		RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS II	V 10
TAUBER, SIDNEY TAUBER, SIDNEY TAMARAC, FL 33321 TITLE PD TITLE SCHWEITZER, LAWRENCE STREET ADDRESS CITY-ST-ZIP TITLE SSHEET ADDRESS CITY-ST-ZIP TITLE SSHEET ADDRESS CITY-ST-ZIP TITLE SSHEET ADDRESS CITY-ST-ZIP TITLE SHEET ADDRESS CITY-ST-ZIP TITLE SHEET ADDRESS CITY-ST-ZIP TITLE TAMARAC, FL 33321 TITLE SHEET ADDRESS CITY-ST-ZIP TITLE TAMARAC, FL 33321 TAMA	NAME STREET ADDRESS	GOLDBERG, SILVIA 7532 ASHMONT CIR	□ Delete	NAME STREE	ET ADORESS			☐ Change	☐ Addition
TITLE PD Delete TITLE SCHWEITZER, LAWRENCE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE SHELDON, LEVINE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE SHELDON, LEVINE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE TAMARAC, FL 33321 TITLE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 TITLE TAMARAC, FL 33321 TITLE STREET ADDRESS CITY-ST-ZIP TITLE TAMARAC, FL 33321 TITLE STREET ADDRESS TAMARAC, FL 33321 TITLE STREET ADDRESS TAMARE STREET ADDRESS STREET ADDRESS STREET ADDRESS TAMARE STREET ADDRESS ST	NAME STREET ADDRESS	TAUBER, SIDNEY 7544 ASHMONT CIR	☐ Delete	NAME STREE	ET ADORESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE T DOEIgle TAMAR POCKRISS, JACK STREET ADDRESS TREET ADDRESS TITLE TREET ADDRESS	NAME STREET ADDRESS	PD SCHWEITZER, LAWRENCE 7536 ASHMONT CIRCLE	☐ Delete	NAME STREE	ET ADDRESS		-		Addition
NAME POCKRISS, JACK NAME STREET ADDRESS 7508 ASHMONT CIR STREET ADDRESS	Name Street address	SHELDON, LEVINE 7526 ASHMONT CIRCLE	M _Dekele	name Stree	ET ADDRESS			☐ Change	☐ Addition
	name Street adoress	POCKRISS, JACK 7508 ASHMONT CIR		name Stree	ET ADDRESS			☐ Change	Addition
TITLE Delete TITLE AMME NAME STREET ADDRESS CITY-S1-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									

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: time

ELLE SCHOOL & SIGNING OFFICER OR DIRECTOR

Daytime Phone #