

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2005
Secretary of State**

DOCUMENT# N12554

Entity Name: ELEUTHERA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 330661453 US

New Mailing Address:

FEI Number: 59-2656741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVO, PAT T.
1310 AVENUE OF THE STARS
1001 WYNMOOR CIRCLE
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LICHTMAN, IRA
Address: 1804 ELEUTHERA POINT E-2
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD () Delete
Name: KLEIN, MILTON
Address: 1802 ELEUTHERA POINT, APT E-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: HEISNER, BERTRAM
Address: 1803 ELEUTHERA POINT, A PT F-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: LEVINE, HAROLD
Address: 1805 ELEUTHERA POINT, APT C-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD () Delete
Name: YELNER, JULES
Address: 1801 ELEUTHERA POINT, APT. B-1
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD LEVINE

PD

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date