## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Signature and typed on printed name of signing officer on director shelten Kiernan, President

## **FILED** Mar 30, 2005 8:00 am Secretary of State

1. Entity Nam	ιθ	# N14048 CONDOMINIUM AS	03	-30-2005 900:	37 016 ****61.	25				
Principal Place ONE BERMUI SAINT AUGUS	DA RUN WAY		Mailing Address 1:02 SANDBARNAY SAINT AUGUSTINE, FL 32080 US			t en annen stot hinde bestil dann denne denn state benn stati blete blete blete blete blete blete blete blete				
2. Principal P	lace of Busin	ess	3. Mailing Address P. O. Box 2041							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03202005 Ch	ng-NP C	R2E037 (10/03)		
City & State			City & State St. Augustine, FL			4. FEI Number 59-287432	5	<u> </u>	plied For t Applicable	
Zip		Country	<sup>Zip</sup> 32085	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered Agent	Nome	7. Name and Address of New Registered Agent					
CHAMBER 102 SAND SAINT AU		Street A	Shelton Kiernan  Street Address (P.O. Box Number is Not Acceptable)  288 Boulevard des Pins							
Ci					St. Augustine FL Zip Code 32080					
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 Software Green for printed name of registered agent and take if applicable (NOTE: Registered Agent spnature required when reinstating)  Mar 35 2005  DATE										
		lton Kierna						مة والمامينية والمعالم		
		e is \$61.25 lay 1, 2005	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida	check payable to Department of St	ate	
10.	nn.	OFFICERS AND DIF		11.		ADDITIONS/CHANGI	S TO OFFICERS			
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NAME			La Voicin	NAME	D Koki	kinos Mi	chael		<b>A</b>	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRES					Kokkinos, Michael 11731 Seaward Court Jacksonville, FL 32225				
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12. Thereby certify that the information supplied with this filling does not quality 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 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 the changed, or on an attachment with an address, with all other like empowered.										

2005

(904) 471-7151

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