

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



**FILED**  
**Oct 05, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # N14437</b> 1. Entity Name <b>CONTRACTOR'S SHOWCASE OWNER'S ASSOCIATION, INC.</b>							
Principal Place of Business <b>1501 DECKER AVE UNIT 122 STUART FL 34994</b>		Mailing Address <b>2115 SE OCEAN BLVD STUART FL 34996</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 1863</b>		<div style="font-size: 2em; font-weight: bold;">04/12/05</div> 2nd MOORE <div style="font-size: 1.5em; font-weight: bold;">90142 040662</div> CR2E037 (5/05)			
City & State <b>Palm City, FL</b>		Suite, Apt. #, etc.					
City & State <b>Palm City, FL</b>		City & State <b>Palm City, FL</b>					
Zip <b>34991</b>		Country <b>Martin, USA</b>					
4. FEI Number <b>65-0041088</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				<div style="font-size: 1.5em; font-weight: bold;">9/23/05</div> DATE			
6. Name and Address of Current Registered Agent <b>KAZIMIER, TIMOTHY 2115 SE OCEAN BLVD STUART FL 34996</b>						7. Name and Address of New Registered Agent Name <b>DEBORAH ROSS, ESQ.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>759 S. FEDERAL HIGHWAY</b>						Suite, Apt. #, etc. <b>SUITE 212</b>	
City <b>STUART</b>						State <b>FL</b>	
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  (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>			
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TIEMEYER, TED</b> <b>1501 DECKER AVE</b> <b>STUART FL</b> <b>VPD</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MALROONEY, CHRISTINE</b> <b>1501 DECKER AVE</b> <b>STUART FL 34994</b> <b>STD</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OVERBYE, ERIKA</b> <b>1501 DECKER AVENUE</b> <b>STUART FL 34997</b> <b>D</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HOOKE, ROY</b> <b>1501 DECKER AVE</b> <b>STUART FL 34994</b> <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Christ, Clifford</b> <b>1501 Decker Ave</b> <b>Stuart, FL 34994</b> <b>D</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OVERBYE, KRISTIAN</b> <b>1501 DECKER AVE</b> <b>STUART FL 34994</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:							

Contractor's Showcase Condominium, Inc.  
C/O J & J Personalized Management  
Post Office Box 1863  
Palm City, Florida 34991  
772-288-0894, Fax 772-288-2960  
E-mail: [jjzalben@bellsouth.net](mailto:jjzalben@bellsouth.net)

September 22, 2005

Division of Corporations  
Annual Report Section  
Post Office Box 6850  
Tallahassee, Florida 32314

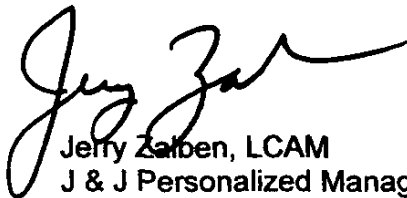
SUBJECT: Reinstatement of Document #N14437

To Whom It May Concern:

Enclosed is an annual report form with the changes in mailing address and registered agent. Also enclosed is a copy of the cancelled check from April 12, 2005. This report had been originally filed by Plantation Management Company but the report was returned for clarification of the Registered Agent and an appropriate signature. During that period of time Plantation Management was terminated and J & J Personalized Management was engaged. Please accept this report for the year 2005. We respectfully request that the reinstatement fee be waived as the report was returned to the wrong management company.

Thank you for your consideration of this matter. Should you have any questions please do not hesitate to contact me.

For the Board,



Jerry Zalben, LCAM  
J & J Personalized Management

Encl