

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



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

DOCUMENT # N14437	
1. Entity Name <b>CONTRACTOR'S SHOWCASE OWNER'S ASSOCIATION, INC.</b>	
Principal Place of Business 1501 DECKER AVE UNIT 122 STUART FL 34994	Mailing Address 2115 SE OCEAN BLVD STUART FL 34996
2. Principal Place of Business	3. Mailing Address <b>Post Office Box 1863</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Pa</b>
City & State	City & State <b>Palm City, FL</b>
Zip	Country <b>34991 Martin, USA</b>

04/12/05 90142 040662  
2nd MOORE CR2E037 (5/05)

6. Name and Address of Current Registered Agent <b>KAZIMIER, TIMOTHY 2115 SE OCEAN BLVD STUART FL 34996</b>		4. FEI Number <b>65-0041088</b>		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent Name <b>DEBORAH ROSS, ESQ.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>759 S. FEDERAL HIGHWAY</b>		City <b>STUART FL</b>		
City <b>STUART</b>		Zip Code <b>34994</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)

DATE: **9/23/05**

<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>
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TIEMEYER, TED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 DECKER AVE	NAME	
STREET ADDRESS	STUART FL	STREET ADDRESS	
CITY-ST-ZIP	VPD	CITY-ST-ZIP	
TITLE	MALROONEY, CHRISTINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 DECKER AVE	NAME	
STREET ADDRESS	STUART FL 34994	STREET ADDRESS	
CITY-ST-ZIP	STD	CITY-ST-ZIP	
TITLE	OVERBYE, ERIKA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 DECKER AVENUE	NAME	
STREET ADDRESS	STUART FL 34997	STREET ADDRESS	
CITY-ST-ZIP	D	CITY-ST-ZIP	
TITLE	HOOVER, ROY <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 DECKER AVE	NAME	<b>Christ, Clifford</b>
STREET ADDRESS	STUART FL 34994	STREET ADDRESS	<b>1501 Decker Ave</b>
CITY-ST-ZIP	D	CITY-ST-ZIP	<b>Stuart, FL 34994</b>
TITLE	OVERBYE, KRISTIAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 DECKER AVE	NAME	
STREET ADDRESS	STUART FL 34994	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: (NOTE: Registered Agent signature required when reinstating)

DATE: **9/26/05**

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

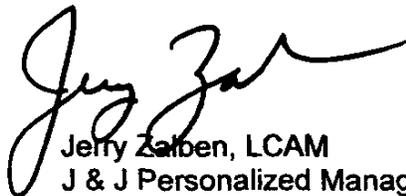
**SUBJECT: Reinstatement of Document #N14437**

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