
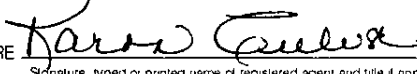
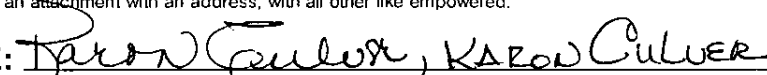


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90385 042 *****70.00

DOCUMENT #. N14828 1. Entity Name COMCEN CONDOMINIUM ONE ASSOCIATION, INC.						
Principal Place of Business 3690 NW 16 ST LAUDERHILL FL 33311 US			Mailing Address 3690 NW 16 ST LAUDERHILL FL 33311 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 190670 Suite, Apt. #, etc.				
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL		4. FEI Number 59-2699744		
Zip 33319		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CULVER, KARON 3690 NW 16TH ST LAUDERHILL FL 33311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> KARON CULVER <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 4/9/07 <small>DATE</small> </div> </div>						
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME LESLIE, HERMAN STREET ADDRESS 2658 NW 16 ST CITY - ST - ZIP FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete			TITLE D. NAME GREG JAFFY STREET ADDRESS 3624 NW 16 ST. CITY - ST - ZIP LAUDERHILL, FL. 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SMITH, PRINCE STREET ADDRESS 3662 NW 16 ST CITY - ST - ZIP FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete			TITLE V.P. NAME FRANK SOSKA STREET ADDRESS 3690 NW 16 ST. CITY - ST - ZIP LAUDERHILL, FL. 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SAFFEY, TODD STREET ADDRESS 3628 NW 16ST CITY - ST - ZIP FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete			TITLE TODD JAFFY STREET ADDRESS 3628 NW 16 ST. CITY - ST - ZIP LAUDERHILL, FL. 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WORRELL, ROBIN STREET ADDRESS 3688 N.W. 16TH ST CITY - ST - ZIP LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete			TITLE T NAME MARK KARMATZ STREET ADDRESS 3654 NW 16ST. CITY - ST - ZIP LAUDERHILL, FL. 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WORRELY, MARK STREET ADDRESS 3688 NW 16 ST CITY - ST - ZIP LAUDERHILL FL 33311	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME MORGENSTEIN, RENE STREET ADDRESS 3664 NW 16 ST CITY - ST - ZIP LAUDERHILL FL 33311	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/16/07 <small>Date</small>		
				(954) 581-6117 <small>Daytime Phone #</small>		