

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2013 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N14828

1. Corporation Name

COMCEN CONDOMINIUM ONE
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3628 NW 16 ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 190670

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

LAUDERHILL, FL

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

BROWARD

Zip

33319

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2699744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KARON CULVER

Street Address (P.O. Box Number is Not Acceptable)

3628 NW 16 ST

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33311

2013 AR

900245920669
03/20/13--01023--013 **78.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Karon Culver

REGISTERED AGENT MUST SIGN

Date 3/15/13

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	TODD DUFFY	3628 NW 16 ST	LAUDERHILL, FL 33311
V.P.	FRANK SOSKA	3690 NW 16 ST	LAUDERHILL, FL 33311
SEC	GREG DUFFY	3628 NW 16 ST	LAUDERHILL, FL 33311
TREAS	MARK KARMATZ	3651 NW 16 ST	LAUDERHILL, FL 33311

1119 2 0 2013

10. E-mail Address: NONE

(To be used for future annual report notification)

J. BUTLER

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this
reir's statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees
owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as
if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Karon Culver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/13 (954) 581-6117

Date

Daytime Phone #