

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N15446**

1. Entity Name  
**WORTH AVENUE COMMERCIAL PARK CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O WILLIAM MALONE  
2730 WORTH AVENUE UNIT "F"  
ENGLEWOOD, FL 34224-9159**

Mailing Address  
**C/O WILLIAM MALONE  
2730 WORTH AVENUE UNIT "F"  
ENGLEWOOD, FL 34224-9159**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2521661**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MALONE, WILLIAM  
2730 WORTH AVE, UNIT F  
ENGLEWOOD, FL 33533**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000051257

04/03/08-80007-001-61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GRIMSHAW, EVELYN
STREET ADDRESS	2730 WORTH AVE UNIT F
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	VD
NAME	MALONE, WILLIAM
STREET ADDRESS	2730 WORTH AVE UNIT "F"
CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	D
NAME	GIORDANO, ROSELYN
STREET ADDRESS	2730 WORTH AVENUE UNIT H
CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Evelyn Grimshaw, Treas.* **EVELYN GRIMSHAW** **3-15-08** **941-475-5598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #