

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90022 013 \*\*\*\*61.25

<b>DOCUMENT # N15662</b> 1. Entity Name ESPLANADE PATIO HOMES ASSOCIATION, INC.			
Principal Place of Business <del>12079 SW 131 AVENUE</del> <del>MIAMI, FL 33186</del> <i>%The Continental Group</i>		Mailing Address <del>12079 SW 131 AVENUE</del> <del>MIAMI, FL 33186</del> <i>%The Continental Group</i>	
2. Principal Place of Business <i>11981 SW 144 CT</i> Suite, Apt. #, etc. <i>201</i>		3. Mailing Address <i>11981 SW 144 CT</i> Suite, Apt. #, etc. <i>201</i>	
City & State <i>Miami, FL</i> Zip <i>33186</i>		City & State <i>Miami, FL</i> Zip <i>33186</i>	
Country _____		Country _____	
4. FEI Number <b>59-2803082</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAIGE, ROBERT E ESQ 9500 SOUTH DADELAND BLVD., STE 550 MIAMI, FL 33156		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE _____		DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, DONOVAN 18837 N.W. 79 COURT MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBOD PICARDI, GUY 18788 NW 79TH COURT MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPICER, OLIVER 18807 NW 79TH CT MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANOS, ANGIE 7800 NW 189TH ST MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALINA, JOE 7960 NW 187TH TERR. MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVADOR, GANDERA 18800 NW 77TH CT MIAMI, FL 33015	<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> _____		Date <i>1-16-04</i> (305) 829-3117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	