## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # N21991  1. Entity Name BALABAN VILLA CONDOMINIUM ASSOCIATION, INC.							0-	4-11-2005	5 901 <b>3</b> 9 0	03 ****	61.25
Principal Place of Business Mailing Address 2514 TAYLOR STREET 2514 TAYLOR STREET					-		•	-			
#1 #1 HOLLYWOOD, FL 33020-5427 US #0LLYWOOD, FL 33020-5427 U					)-5427 US		A HOTHHITI OLD HITOS III		NIBIC BINIL NINI	6   B    B  B    B  B  B  B  B  B  B  B	(T  T  (TT
2. Principal Place of Business 3.			3. Mail	3. Mailing Address							
Suite, Apt. #, etc			Su	Suite, Apt. #, etc.			04012005 Chg	J-NP	CR2E037	(10/03)	
City & State			Cit	y & State			4. FEI Number 65-0154388				plied For at Applicable
Zip	Country		Zip	)	Country		5. Certificate of Stat	us Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent							7. Name and Addre	ss of New R	egistered A	gent	
LOFFREDO, STEPHEN K ESQUIRE 9999 NORTHEAST 2ND AVENUE					Name Street Ad	ddress (F	P.O. Box Number is No	ot Acceptable	<del>)</del>		
#216											
MIAMI SHORES, FL 33138					City				FL	Zip Code	9
	named entiti ions of regist	y submits this statement tered agent.	it for the purp	ose of changing its	egistered office or i	registere	ed agent, or both, in the	ne State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered as	gent and litte if app	9. Election Cam	Registered Agent signatur paign Financing		\$5.00 May Be		DATE ake check		
,	Signature, typed	e is \$61.25 lay 1, 2005			paign Financing ontribution.		\$5.00 May Be Added to Fees	Flor	ake check ida Departr	nent of St	tate
10.	Filing Fe	e is \$61.25		9. Election Cam Trust Fund C	paign Financing ontribution.		\$5.00 May Be	Flor	ake check ida Departr RS AND DIRI	ment of SI	tate
10. TITLE NAME STREET ADDRESS	Filing Fe Due by N PD DAVIS, R. 2514 TAY	e is \$61.25 flay 1, 2005  OFFICERS AND  ANDY LOR STREET, APT	DIRECTORS	9. Election Cam	paign Financing ontribution. [  11.  TITLE  NAME  STREET ADDRESS		\$5.00 May Be Added to Fees	Flor	ake check ida Departr RS AND DIRI	nent of St	tate
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12. It 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

THE TOWN X LILLS SHATTER OF STRAINING OFFICER OR DIRECTOR

4-7-as

954-922-8984