


**AMENDED**  
**2005 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT (AR)**

06-09-2005 90002 048 \*\*\*\*61.25  
N21991

<b>DOCUMENT # N21991</b> 1. Entity Name <b>BALABAN VILLA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2514 TAYLOR STREET</b> <b>#1</b> <b>HOLLYWOOD FL 33020-5427</b> <b>US</b>	Mailing Address <b>2514 TAYLOR STREET</b> <b>#1</b> <b>HOLLYWOOD FL 33020-5427</b> <b>US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent <b>LOFFREDO, STEPHEN K ESQUIRE</b> <b>9999 NORTHEAST 2ND AVENUE</b> <b>#216</b> <b>MIAMI SHORES FL 33138</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-stating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVIS, RANDY</b> <input type="checkbox"/> Delete <b>2514 TAYLOR STREET, APT 5</b> <b>HOLLYWOOD FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KURMAN, IRENE</b> <b>1421 NORTHEAST 111TH STREET</b> <b>MIAMI FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>KURMAN, IRENE</b> <b>1421 NORTHEAST 111TH STREET</b> <b>MIAMI FL 33161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>SACHAREWICZ, OLGA</b> <b>2514 TAYLOR STREET, APT 1</b> <b>HOLLYWOOD FL 33020</b>	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"/> Delete	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"/> Delete	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"/> Delete	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.

SIGNATURE: Irene Kurman 06/02/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 JUN 10 PM 3:01

SECRETARY OF STATE



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0154388** Applied For ☐ Not Applicable ☐

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