## 2005 NOT-FOR-PROFET CORPORATION ANNUAL REPORT

## FILED Feb 04, 2005 8:00 am Secretary of State

	ANNUAL	Secretary of State					
1. Entity Nam	ENT # N25432  A MAINTENANCE ASSOCIATION, INC.						
Principal Place 2950 NORTH HOLLYWOOD		Mailing Address 2950 NORTH 28 TERR. HOLLYWOOD, FL 3302		40012725			
2. Principal Place of Business 3. Ma		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number Applied For 65-0087697 Not Applicable			
Zip Country		Zip	Country	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
2500 WES	EDWARD P ESQ. STOVED - STE 220 JL 33831		Name Bakalav & Elmner P. A., Street Address (P.O. Box Number is Not Acceptable) 150 500 Th Pine Tisland Rd.  # 540 CityOn 100 Code 1				
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 bif registered agent and title if applicable.  Filling Fee is \$61.25  Due by May 1, 2005  PALE FICHMENT  (NOTE: Registered Agent signature required when reinstalling)  DATE  Make check payable to Florida Department of State							
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOLEY, RENEE 1032 PINE BRANCH DR. FT. LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ce fresident Change **Addition like Good do Pline branch Dr. 0ston, FL 33326			
NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, PAM 1215 MANOR CT WESTON, FL 33326	j⊠-tociete	NAME STREET ADDRESS 100	reasurer Change Addition seph Buczyner ()2 Trailmore Ln. eston, FL 33326			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ZELDA 1082 CARSHFORD DR WESTON, FL 33326	Delete	STREET ADDRÉSS LOC CITY-ST-ZIP	manin b. whitehead Change Addition of Trail more UN.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRANZ, GAIL 1102 GALKFORD DRIVE FT LAUDERDALE, FL	Delete	TITLE NAME STREET ADDRESS ,102	rector excecles Henriksson ar Cheekford Or. eston, FL 33320			
THTLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVER, MIKE 1246 JASIMINE CIRCLE FT. LAUDERDALE, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECEIVED Change Addition			
TITLE	<u> </u>	☐ Delete	TITLE	Change C Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Floride 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 substee 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 an other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

-NAME

STREET ADDRESS

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ATTACHMENT

	AMUDAL	<u>,                                    </u>						
1. Entity Name	ENT # N25432 MAINTENANCE ASSOCIATION	ON, INC.						
Principal Place of Business Mailing Address 2950 NORTH 28 TERR. 2950 NORTH HOLLYWOOD, FL 33020 HOLLYWOOD,				40012725				
Principal Plac	a of Business	ailing Address	<u> </u>					
		Suite, Apt. #, etc.						
Suite, Apt. #, etc.				01072005 Chg-NP	CR2E037 (10/03)			
City & State		City & State		4. FEI Number 65-0087697	Applied For Not Applicabt			
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed S8.75 Additional Fee Required			
	6. Name and Address of Current Registe	red Agent	Nome	7. Name and Address of Ne	w Registered Agent			
KREILING, EDWARD P ESQ. 2500 WESTON RD - STE 220			Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
VESTON, F		Silber Address						
			City		FL Zip Code			
The above of	amed entity submits this statement for the pu	roose of changing its re	eaistered office or real	stered agent, or both, in the State of	<u> </u>			
	iling Fee is \$61.25 ue by May 1, 2005 OFFICERS AND DIRECTOR	Trust Fund Co	paign Financing	WO.OO May Do	Make check payable to Florida Department of State			
NAME STREET ADDRESS 1	PD SMOLEY, RENEE 032 PINE BRANCH DR. T. LAUDERDALE, FL	☐ Delete	TITLE 7	ce President Tike Good Lao Pinebranch Joston, FL 333	☐ Change 【Additio			
AME COTREET ADDRESS 1	ED CLARKE, PAM 215 MANOR CT VESTON, FL 33326	Delete	NAME STREET ADDRESS 10	reasurer seph Buczyner 02 Trailmore L Deston, FL 333	☐ Change			
TILE E	GOULD, ZELDA 082 CARSHFORD DR	Delete	NAME R-1	chard whitehers of Trailmore L	2001 Change Additio			
TLE T AME K TREET ADDRESS 1	VESTON, FL 33326  TD  KRANZ, GAIL  102 GALKFORD DRIVE  T LAUDERDALE, FL	Delete	TITLE D	eston, FL 333 irector ercectes Henrit pachektord ( leston, FL 333)	☐ Change ☐ Additio			
ITLE V NAME S STREET ADDRESS 1	/D SILVER, MIKE 246 JASIMINE CIRCLE T. LAUDERDALE, FL	Defete	TITLE— NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>				
ITLE IAME STREET ADDRESS CITY-ST-ZIP	Line Smaly De	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio			
indicated or of the corpo	Iffy that the information supplied with this filing this report or supplemental report is true are cration or the receiver or trustee empowered or on an attachment with an address, with all of the control of the cont	d accurate and that my to execute this report a other like empowered.	y signature shall have t s required by Chapter	he same legal effect as if made un	ider oath; that I am an officer or director			