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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26275

1. Corporation Name
3205 OWNERS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business 3205 COLONY CLUB RD SUITE 4 APT #3 POMPANO BEACH FL 33062 US | Mailing Address 3205 COLONY CLUB RD SUITE 4 APT #3 POMPANO BEACH FL 33062 US |
|--|--|



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/04/1988 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0108832 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | | |

| | | | | | |
|---|--|--|-------------|--|----|
| 9. Name and Address of Current Registered Agent BROOKS, ROBERT N 3205 COLONY CLUB RD SUITE 4 POMPANO BEACH FL 33062 | | | | 10. Name and Address of New Registered Agent | |
| 81 | Name | | 84 | City | 85 |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | FL Zip Code | | |
| 83 | | | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------------|--|---|-------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, ROBERT | | 1.2 NAME | Robert N. Brooks | |
| STREET ADDRESS | 3205 COLONY CLUB RD SUITE 4 | | 1.3 STREET ADDRESS | 3205 Colony Club Rd #4 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | 1.4 CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | PD | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKS, INEZ L | | 2.2 NAME | | |
| STREET ADDRESS | 3205 COLONY CLUB RD SUITE 4 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLIFTON, ELIZABETH L | | 3.2 NAME | | |
| STREET ADDRESS | 3205 COLONY CLUB ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAIKOWSKI, CHARLOTTE | | 4.2 NAME | | |
| STREET ADDRESS | 3101 NEW MEXICO AVE., NW | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WASHINGTON DC | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REID, HAROLD | | 5.2 NAME | | |
| STREET ADDRESS | 3205 COLONY CLUB RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert N. Brooks 01-20-99 954-785-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)