

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

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

02-04-2005 90053 033 ****61.25



DOCUMENT # N26275
 1. Entity Name
3205 OWNERS ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address
3205 COLONY CLUB RD. **3205 COLONY CLUB RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT. #3 **APT. #3**

City & State City & State
POMPANO BEACH, FL **POMPANO BEACH, FL**
 Zip Zip Country Country
33062-4728 **33062-4728** **USA** **USA**

00000120

 1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
65-0108832 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROOKS, ROBERT N
3205 COLONY CLUB RD SUITE 4
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name **JESS B. WEISS, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
3205 COLONY CLUB ROAD - APT. 3
 City **POMPANO BEACH, FL** Zip Code **33062-4728**

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 **JESS B. WEISS, M.D., SECY-TREASURER** **Jess B. Weiss, M.D.** **January 29, 2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BROOKS, ROBERT N 3205 COLONY CLUB RD SUITE 4 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROOKS, INEZ L 3205 COLONY CLUB RD SUITE 4 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEISS, JESS 3205 COLONY CLUB RD STE 3 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEISS, SHIRLEY 3205 COLONY CLUB RD POMPANO BEACH FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PAIGE, SONNY 3205 COLONY CLUB RD SUITE 6 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLABACH, FRANK 3205 COLONY CLUB RD SUITE 1 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LINDA O'KEEFE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3205 COLONY CLUB RD - APT. 4 POMPANO BEACH, FL 33062-4728 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JESS B. WEISS, M.D. 3205 COLONY CLUB RD - APT. 3 POMPANO BEACH, FL 33062-4728 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIRLEY P. WEISS 3205 COLONY CLUB RD - APT. #3 POMPANO BEACH, FL 33062-4728 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AMY T. PAIGE 3205 COLONY CLUB RD - APT. #6 POMPANO BEACH, FL 33062-4728 |
| 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: **Jess B. Weiss, M.D. - JESS B. WEISS, M.D.** **01/29/05** **(954) 728-9718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #