

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90054 041 ****61.25

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01112006 No Chg-NP CR2E037 (11/05)

DOCUMENT # N28226

1. Entity Name
**CORNICHE CONDOMINIUM ASSOCIATION OF
BROWARD COUNTY, INC**



Principal Place of Business
**1440 SOUTH OCEAN BLVD.
POMPANO BEACH, FL 33062**

Mailing Address
**1440 SOUTH OCEAN BLVD.
POMPANO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0201496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOWE, LAURA
1440 S. OCEAN BLVD #15A
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCULLY, JOHN 1440 S OCEAN BLVD #14D POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFF, HARVEY 1440 S. OCEAN BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SMITH, CLIFF 1440 S OCEAN BV 4B POMPANO BEACH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BROWN, MARK 1440 S. OCEAN BLVD #7D POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRACHT, BARRY 1440 SOUTH OCEAN BLVD., #15A POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

Daytime Phone #