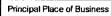
## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N28226**

1. Entity Name

CORNICHE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.



Mailing Address

1440 SOUTH OCEAN BLVD. POMPANO BEACH, FL 33062 1440 SOUTH OCEAN BLVD. POMPANO BEACH, FL 33062



40008338



01112007 No Chg-NP

CR2E037 (4/06)

954-946-9031

4. FEI Number 65-0201496	 	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other, like empowered.

HOWE, LAURA

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

## DO NOT WRITE IN THIS SPACE

3

2007

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	TURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renistating)  DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
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			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BROWN, MARK 1440 S. OCEAN BLVD #7D POMPANO BEACH, FL 33062			IN	THIS SPACE		
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							
12. I hereby certify that the information supplied with this filling 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							

BIGHING OFFICER OR DIRECTOR