

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N31528

1. Entity Name
ESPERANTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**222 LAKEVIEW AVE
WEST PALM BEACH, FL 33401**

Mailing Address
**BARRY & COMPANY, P.A.
222 LAKEVIEW AVE #1630
WEST PALM BEACH, FL 33401 US**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0236107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARRY, STEPHEN G
222 LAKEVIEW AVE
#1630
WEST PALM BEACH, FL 33401**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BARRY, STEPHEN G
STREET ADDRESS	222 LAKEVIEW AVE, PH 1
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	RODRIGUEZ, FRANCISCO G
STREET ADDRESS	222 LAKEVIEW AVE, PH2
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	VD
NAME	MORRISON, CARLOS
STREET ADDRESS	222 LAKEVIEW AVE, PH 5,6
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	ASD
NAME	LITTLETON, ALBERT M
STREET ADDRESS	222 LAKEVIEW AVE, PH 7
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/11/08-80013-024 61.25

**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

1/29/08

Date

561-804-0083

Daytime Phone #