

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

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31749</b> 1. Entity Name <b>ONE TEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MARY MARTIN 110 N.E. 7TH AVENUE, APT. #4 DELRAY BEACH FL 33483-5434 US</b>			Mailing Address <b>C/O MARY MARTIN 110 N.E. 7TH AVENUE, APT. #4 DELRAY BEACH FL 33483-5434 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0941887</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTIN, MARY 110 N.E. 7TH AVENUE APT. #4 DELRAY BEACH FL 33483</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD COOK, DAVID 110 NE 7TH AVENUE #1 DELRAY BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>U00000191233 01/24/05-80166-004 61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD MARTIN, MARY 110 NE 7TH AVENUE #4 DELRAY BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD MCNULTY, JOSEPH 110 NE 7 AVE #2 DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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.					
<b>SIGNATURE: MARY MARTIN</b> <i>Mary Martin</i> <b>1-20-05</b> <b>561-243-4654</b>					