2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # N31749 1. Entity Name ONE TEN APARTMENTS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MARY MARTIN 110 N.E. 7TH AVENUE, APT. #4 DELRAY BEACH FL 33483-5434 C/O MARY MARTIN 110 N.E. 7TH AVENUE, APT. #4 DELRAY BEACH FL 33483-5434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-0941887 Not Applicat Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MARTIN, MARY Street Address (P.O. Box Number is Not Acceptable) 110 N.E. 7TH AVENUE APT. #4 **DELRAY BEACH FL 33483** Zip Code 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 recomed when reinstating) DATE Signature, typnd or printed name of registered agent and title if approace FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO 10. OFFICERS AND DIRECTORS 11. T ALLEGA PD DILE Change TITLE ☐ Delete U00000412553 COOK, DAVID NAME 02/[0/06-80053-004 61.25 110 NE 7TH AVENUE #1 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL C)TY-5T-2/P CITY-ST-ZIP Antani STD ☐ Change 7171 F TITLE Detete MARTIN, MARY NAME NAME 110 NE 7TH AVENUE #4 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CHY-SI-ZIP CITY-ST-ZIP Change Add: Till E VO Defete NAME MCNULTY, JOSEPH NAME STREET ADDRESS STREET ADDRESS 110 NE 7 AVE #2 DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-782 Change Annilia ☐ Defete Tr7LE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIF ☐ Change □ f 1 m² ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Delete Adda. DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY - ST - ZSP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 direction of the curporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 of charged, or on an attachment with an address, with all other like empowered.

**FILED** 

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