

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 036 ****61.25

DOCUMENT# N34675 1. EntityName THE PERUVIAN COURT CONDOMINIUM ASSOCIATION, INC.					
PrincipalPlaceofBusiness 173PERUVIANAVENUE PALMBEACH,FL33480			MailingAddress 4239NORTHLAKEBLVD,SUITE D PALMBEACHGARDENS,FL33410		
2. PrincipalPlaceofBusiness Suite,Apt.#,etc.		3. MailingAddress Suite,Apt.#,etc.			
City&State		City&State			
Zip	Country	Zip	Country	4. FEINumber 65-0252908	
5. CertificateofStatusDesired ☐				\$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent COMPLETE PROPERTY MANAGEMENT INC C/O JOSEPH CROSSEN 4239 NORTHLAKE BLVD, SUITE D PALM BEACH GARDENS, FL 33410			7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City		
8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent,orboth,i theobligationsofregisteredagent.			ntheStateofFlorida.Iamfamiliarwith,andaccept		
SIGNATURE _____ (NOTE RegisteredAgentssignaturerequiredwhenever instating). DATE _____ Signature,typedorprintednameofregisteredagentandtitle,if applicable.					
Filing Fee is \$61.25 Due by May 1, 2005		9. ElectionCampaignFinancing TrustFundContribution. ☐		\$5.00 MayBe AddedtoFees	
Make check payable to Florida Department of State					
10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTO OFFICERSANDDIRECTORSIN10		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☒ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
HICKS, JULIE 400 SW 17TH STREET BOCA RATON, FL 33432			DP		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☒ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
LOOKABAUGH, CINDY 173 PERUVIAN AVE., #3 PALM BEACH, FL					
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
JETSON, CATHY 200 RIVERWAY DRIVE VERO BEACH, FL 32963			DS		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		VP/D BRELAND, ROGER 173 PERUVIAN AVE, #2 PALM BEACH, FL 33480	☐ Change ☒ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: <u>Julie Hicks</u> JULIE HICKS 4/7/05 (561) 750-3154 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone#					

00033965

