


Wachovia Online Banking - Checking: ALL TRANSACTIONS

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90269 046 \*\*\*\*\*70.00

<b>DOCUMENT # N39457</b> 1. Entity Name <b>EXETER CONDOMINIUM A ASSOCIATION, INC.</b>	
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Principal Place of Business 7997 EXETER BLVD. WEST TAMARAC, FL 33321	Mailing Address 7997 EXETER BLVD. WEST TAMARAC, FL 33321
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01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0803314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <del>OFFICE</del> <del>RENOIX MANAGEMENT</del> <del>4780 NORTH STATE ROAD 7</del> <del>LAUDERDALE BLAKES, FL 33309</del> <b>SIDNEY WEISBURD</b> <b>7997 EXETER BLVD WEST</b> <b>TAMARAC, FL 33321</b>
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**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 <u>Sidney Weisburd, President Sidney Weisburd</u> <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE
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Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISBURD, SIDNEY 7997 EXETER BLVD. WEST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURSCHEMAN, JEANNE 7995 EXETER BLVD. WEST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, BEVERLY 7917 EXETER BLVD. W TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ALBERT 7947 EXETER BLVD. WEST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD HIMMELFARB, SHERRIE 7965 EXETER BLVD WEST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>SIDNEY WEISBURD Sidney Weisburd</u> <u>1/10/06</u> <u>954-724-1839</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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