

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90294 020 ****61.25

DOCUMENT # N40793

1. Entity Name
CONTINENTAL PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8472 SW 102 STREET
MIAMI, FL 33156 US**

Mailing Address
**8472 SW 102 STREET
MIAMI, FL 33156 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0231381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNER, LINDSEY
8472 SW 102ND STREET
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CSANALOSI, ROBERT A**
STREET ADDRESS **8021 SE 97 STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **WHITE, HOLLY**
STREET ADDRESS **9300 S W 80 AVE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KRENEK, RICHARD**
STREET ADDRESS **8900 SW 79 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VPD** ☒ Change ☐ Addition
NAME **KRENEK, RICHARD**
STREET ADDRESS **8900 SW 79 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VPD** ☒ Delete
NAME **PELL, JOHN H**
STREET ADDRESS **10340 SW 82 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Change ☒ Addition
NAME **MC CULLOUGH, MICHAEL**
STREET ADDRESS **9525 SW 114 PLACE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **TD** ☐ Delete
NAME **CONNER, LINDSEY**
STREET ADDRESS **8472 SW 102 ST**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GARCIA, ANA M**
STREET ADDRESS **8340 SW 96 STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **SD** ☐ Change ☒ Addition
NAME **KOCH, HERMAN**
STREET ADDRESS **7901 SW 97 ST**
CITY-ST-ZIP **MIAMI, FL 33156**

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:

Lindsey R. Conner - **LINDSEY R. CONNER** 4-6-06 305-274-0222