

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 027 \*\*\*\*61.25

<b>DOCUMENT # N94000001438</b>	
1. Entity Name <b>CONTEMPO WALK HOMEOWNERS ASSOCIATION, INC.</b>	



Principal Place of Business <b>2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US</b>
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**40006848**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01022007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0587003</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BROUGH, CHADROW &amp; LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, 2007**

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	VP	<input checked="" type="checkbox"/> Delete		TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, LEO HEAL			NAME	Denton, Shawn		
STREET ADDRESS	2950 N. 28TH TERR			STREET ADDRESS	2950 N 28 Terrace		
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENTON, SHAWN			NAME	Paley, Richard		
STREET ADDRESS	2950 N 28TH TERR			STREET ADDRESS	2950 N 28 Terrace		
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERVO, IRENA			NAME	FERRERA, Sharon		
STREET ADDRESS	2950 N 28TH TERR			STREET ADDRESS	2950 N 28 Terrace		
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABERA, ROXANNE			NAME	Cabrera, Roxanne		
STREET ADDRESS	2950 N 28TH TERR			STREET ADDRESS	2950 N. 28th Terrace		
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, STACY			NAME			
STREET ADDRESS	2950 N 28TH TERR			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALEY, RICHARD			NAME			
STREET ADDRESS	2950 N 28TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP			

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:** Shawn Denton **1/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #