## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N94000002892



## **FILED** Feb 14, 2005 8:00 am Secretary of State 02-14-2005 90040 025 \*\*\*\*61.25

CROMWELL CONDOMINIUM ASSOCIATION, INC.														
Principal Place of Business Mailing Address 1614 JEFFERSON AVENUE 9655 SO DIXIE MIAMI BEACH, FL 33139 THIRD FLOOR MIAMI, FL 3315				5 so dixie hwy D floor	(I <b>e hwy</b> R			4 19711101 017	188 188 188 188 188 188 188 188 188 188		11 <b>1 8</b> t 1 <b>1</b> 1/1 <b>1</b> 11		181 <b>8</b> l 1861	
2. Principal Place of Business			3. Mai	3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01052005	Chg-NP	CR2E	037 (10/	03)		
City & State			Cit	City & State				4. FEI Number Applied For 65-0538525 Not Applied For						
Zip	Country			Zip Cou			.5. Certificate of Status Desired S8.75 Additional Fee Required					itional		
	6Name	and Address of Curre	nt Registere	ed Agent				7. Name and	Address of New	Registered	Agent			
KIRBY, CA	ARIN		•			Name								
KIRBY, CARIN 1614 JEFFERSON AVENUE MIAMI BEACH, FL 33139				Street			Address (P.O. Box Number is Not Acceptable)							
		•				City				F	Zip	Code	,	
8. The above	named entit	y submits this statement	for the purp	nee of changing its	rogistor	ed office or	register	ad agent, or bot	h in the State of E		_	usith a	and accept	
the obligat	tions of regist	tered agent.	ioi tile puip	ose of changing as	ı eğisteri	ea cilice of	1eAlster	eu agent, or bot	ii, iii tiie State oi F	iunua. Tan	n rarimar	WILTI, è	and accept	
SIGNATURE	SIGNATURE Signature, typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution										
	-							\$5.00 May Banded to Fees	•	Make che orida Depa				
10.	-		DIRECTORS	Trust Fund C		ion ,		Added to Fees	•	rida Depa	artment (	of Sta	ate	
TITLE	Due by N	May 1, 2005 OFFICERS AND I	DIRECTORS	Trust Fund C	11.	E		Added to Fees	Fla	rida Depa	artment (	of Sta	ate	
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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.

GNATURE:

Carin Circl

305-194-4444