2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90028 018 ****61.25

DOCUMENT # N95000002369

1. Entity Name
Fiesta Homeowners Assoc Inc

50034533

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
4350 NW 19TH AVE STE C POMPANO BEACH FL 33064 US	P O BOX 97-0069 BOCA RATON FL 33497-0069 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0586974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RESIDENTIAL MANAGEMENT CONCEPTS
4350 NW 19TH AVE STE C
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name GARY Palombi
Street Address (P.O. Box Number is Not Acceptable)
4350 NW 19th Ave Ste C
City Pompano Bch FL Zip Code 33064

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 GARY Palombi
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jerry Leuschen 3373 Confetti Lane Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D. Luongo 3158 Via Poinciana Lake Worth FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pat Cullins 3322 Concert Lane Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Debbie Lavange 3-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #