

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90323 028 ****61.25

DOCUMENT # N95000005765

1. Entity Name

KA-MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2800 NE 28TH STREET
LIGHTHOUSE POINT FL**

Mailing Address

**2800 NE 28TH STREET
LIGHTHOUSE POINT FL**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1206748

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.
6261 NW 6TH WAY
STE 103
FORT LAUDERDALE FL 33309**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	TUTON, JOHN	
STREET ADDRESS	2800 NE 28TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEERY, JACKIE	
STREET ADDRESS	2800 NE 28TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURTORA, JOHN	
STREET ADDRESS	2800 NE 28TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FASULLO, TERRELL	
STREET ADDRESS	2800 NE 28TH ST	
CITY-ST-ZIP	LIGHTHOUSE FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCKEE, RENEE	
STREET ADDRESS	2800 NE 28TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

J Seery - Jackie Seery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. 3/30/04 984-722-6130
Date Daytime Phone #