

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000000550
 1. Entity Name
 THE 1160 BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6353 WEST ROGERS CIRCLE SUITE 1 BOCA RATON, FL 33487	Mailing Address POST OFFICE BOX 3760 BOCA RATON, FL 33427
---	---



04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0724586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UNGAR, NANCY
 6353 WEST ROGERS CIRCLE
 SUITE 1
 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLECKEL, LOUIS W 2800 MARCUS AVE. LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S UNGAR, NANCY 6353 WEST ROGERS CIRCLE, SUITE 1 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GIMBEL, BERNARD W 5676 RIVERDALE AVE., #48 RIVERDALE, NY 10471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GLECKEL, LAWRENCE 2800 MARCUS AVE. LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000114683
 04/15/04-80060-014 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: NANCY UNGAR 4-12-04 561-994-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #