

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005330

1. Entity Name
SANTORINI TOWNHOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**2755 NE 15 ST
FT. LAUDERDALE, FL 33304**

Mailing Address
**2755 NE 15 ST
FT. LAUDERDALE, FL 33304**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0821075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIGELOW, ARTHUR L
2755 NE 15 ST
FT. LAUDERDALE, FL 33304**

**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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BIGELOW, ANNE
STREET ADDRESS	2755 NE 15 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	D
NAME	PREZIOSO, ROBERT F
STREET ADDRESS	2757 NE 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	D
NAME	WISHART, DORI
STREET ADDRESS	2759 NE 15 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	ST
NAME	BIGELOW, ARTHUR
STREET ADDRESS	2755 NE 15 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/05-80070-008 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)(f), 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: _____

Arthur L. Bigelow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

Date

04/05/05 954-712-2871
Daytime Phone #