

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

65-0821075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 (if applicable)

(NOTE: Registered Agent signature must be typed with a notary stamp)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **BIGELOW, ANNE**
CITY-STATE-ZIP **2755 NE 15 ST
FT. LAUDERDALE FL 33304**

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PURCEL, MARY**
CITY-STATE-ZIP **2759 NE 15TH ST
FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Bigelow

ARTHUR BIGELOW ST 03/24/08 954 712-2871