


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90040 004 ****61.25

| | |
|---|---|
| DOCUMENT # N99000000311 1. Entity Name EXETER CONDOMINIUM C ASSOCIATION, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33321 | Mailing Address 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 |
|--|--|

40011113



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01022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0897701

Applied For
Not Applicable

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

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|---|
| 6. Name and Address of Current Registered Agent KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309 |
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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, 2008**

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 | P WULF, GARY 7945 EXETER CIRCLE E. TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LASKER, JOYCE 7964 EXETER CIRCLE EAST TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MARKO, BARBARA 7948 EXETER CIRCLE EAST TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHEOUR, ANDRE 7965 EVER BLVD, EAST TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NUNZIO, NAPOLI 7949 EVTER CIR. EAST TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08

Date

954-720-7393

Daytime Phone #