

604 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 021 ***158.75

DOCUMENT # P03000005869

1. Entity Name

CONDO SALES & PROPERTY MANAGEMENT, INC.



Principal Place of Business

993 SMOKERISE BLVD.
PORT ORANGE FL 32127

Mailing Address

993 SMOKERISE BLVD.
PORT ORANGE FL 32127

2. Principal Place of Business

3162 S ATLANTIC

Suite, Apt. #, etc.

B

3. Mailing Address

3162 S ATLANTIC AVE

Suite, Apt. #, etc.

B

City & State

Daytona Beach Shores FL

Zip

32118

Country

Volusia

City & State

Daytona Beach Shores FL

Zip

32118

Country

Volusia

4. FEI Number

65-1169892

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

VAN HOUTEN, MICHAEL A
114 SOUTH PALMETTO AVE.
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent

Name: Penny Norfolk
Street Address (P.O. Box Number is Not Acceptable):
3162 S ATLANTIC AVE

City: Daytona Beach Shores FL Zip Code: 32118

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

Penny Norfolk President

2/6/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: NORFOLK, PENNY
STREET ADDRESS: 993 SMOKERISE BLVD.
CITY-ST-ZIP: PORT ORANGE FL 32127 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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 607, 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:

Penny Norfolk President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 756-7660

Date

Daytime Phone #