## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NAME

NAME

STREET ADDRESS

STREET ADDRESS
CITY-ST-7IP

CITY-ST-ZIP

## Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P03000030750 1. Entity Name 03-15-2005 90026 021 \*\*\*155.00 2441 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2441 N. FEDERAL HWY. 2441 N. FEDERAL HWY. **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 84-1620951 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIGHT, J. REEVE Address (P.O. Box Number is Not Acceptable) 499 GLADES RAAD S 135 S.E. FIFTH AVE., STE. 200 **DELRAY BEACH FL 33483** City BOCA RATON 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. on 2441 Corros 1556C. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition WOLFE, DOUG NAME 1498 SW. 7871 ST. 20 TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE VICE. PRES. Change BRIGHT, REEVE NAME MASSAREUA, JOE NAME STREET ADDRESS 135 SE FIFTH AVE., SUITE 200 STREET ADDRESS 23365 WATER CIRCLE DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP BOCA RAPON, FL. 33486 --- Change --- Addition Delate ... JITLE SEC. TREAS. TITLE. VAN HOUTEN, JEANNE 1048 | 150 CT. NORTH JUPITER, FL. 23478 MASSARELLA, JOE STREET ADDRESS 23365 WATER CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** TITLE Delete DELE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

**FILED** 

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.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

☐ Delete

CITY-ST-ZIP

SIGNATURE: DOUBLES L. WOLF PRESIDENT 3-11-05 561-342-2513
SIGNATURE: Date Dayline Phone #