

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90033 024 ***150.00

DOCUMENT # P96000084706

1. Entity Name

CORNWALL PROPERTIES, INC.



Principal Place of Business

1600 ROYAL PALM WAY
BOCA RATON FL 33432

Mailing Address

1600 ROYAL PALM WAY
BOCA RATON FL 33432

44017077



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1201 E HILLSBORO BLVD

3. Mailing Address

1201 EAST HILLSBORO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

DEERFIELD BEACH

4. FEI Number

59-3411916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEMURGY, ALEXANDER
1600 ROYAL PALM WAY
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: ROSEMURGY, ALEXANDER S II

Street Address (P.O. Box Number is Not Acceptable)
1201 EAST HILLSBORO BLVD

City: DEERFIELD BEACH

FL

Zip Code
33441

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)

3/10/04
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: VP ☐ Delete
NAME: ROSEMURGY, JAMES M
STREET ADDRESS: 1600 ROYAL PALM WAY
CITY-ST-ZIP: BOCA RATON FL 33432

TITLE: ST ☐ Delete
NAME: ROSEMURGY, DEANNA
STREET ADDRESS: 1600 ROYAL PALM WAY
CITY-ST-ZIP: BOCA RATON FL 33432

TITLE: P ☒ Delete
NAME: ROSEMURGY, ALEXANDER S
STREET ADDRESS: 1600 ROYAL PALM WAY
CITY-ST-ZIP: BOCA RATON FL 33432

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☒ Addition
NAME: JAMIE M. ROSEMURGY
STREET ADDRESS: PRESIDENT
CITY-ST-ZIP: 1201 EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

TITLE: ☐ Change ☒ Addition
NAME: DIRECTOR
STREET ADDRESS: ALEXANDER S. ROSEMURGY II
CITY-ST-ZIP: 1201 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

(954) 571-3404

Daytime Phone #