

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S19625

1. Entity Name
CONGRESS PARK SOUTH, INC.



FILED

04 FEB 16 PM 4:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**BROAD & CASSEL
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

Mailing Address
**BROAD & CASSEL
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

98-0119510

Applied For

Not Applicable

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

**DEUTCH, JEFFREY A. E
777 GLADES RD.
SUITE 300
BOCA RATON, FL 33494**

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 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
POMERANTZ, ALICE
8600 DECARIE BLVD, SUITE 200
TOWN OF MOUNT ROYAL, QC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400028960544
02/18/04--01005--001 **5000.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVD
GATTINGER, FRANKLIN
8600 DECARIE BLVD., SUITE 200
TOWN OF MOUNT ROYAL, QC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TV
GATTINGER, FRANKLIN J.
8600 DECARIE BLVD, SUITE 200
MOUNT ROYAL, QC CANADA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
ESPOSITO, RALPH JR
8600 DECARIE BLVD #200
MT ROYAL, QC, CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ESPOSITO, RAPHAEL Jr
8600 DECARIE BLVD, SUITE 200
MOUNT ROYAL, QC. CANADA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
POMERANTZ, TERRY
8600 DECARIE BLVD #200
MT ROYAL, QC, CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOSD
POMERANTZ, TERRY
8600 DECARIE BLVD, SUITE 200
MOUNT ROYAL, QC, CANADA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
POMERANTZ, TERRY
8600 DECARIE BLVD #200
MT ROYAL, QC, CANADA,** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

R. Esposito

04.01.29

Date

514-341-8600

Daytime Phone #