

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # S75727

1. Entity Name
**CONDOR INVESTMENTS OF PALM BEACH COUNTY,
INC.**



Principal Place of Business

**430 N "G" ST
LAKE WORTH, FL 33460**

Mailing Address

**316 ORANGE TREE DR
APT B
ATLANTIS, FL 33462**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0287208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VANDERWOUE, JAMES
430 N "G" ST
LAKE WORTH, FL 33460**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **RINKER, DAVID B.**
STREET ADDRESS **556 MUIRFIELD DRIVE**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **D**
NAME **RINKER, LEIGHAN**
STREET ADDRESS **556 MUIRFIELD DRIVE**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **PD**
NAME **VANDERWOUE, JAMES**
STREET ADDRESS **316 ORANGE TREE DR**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **DSV**
NAME **VANDERWOUE, LOIS**
STREET ADDRESS **316 ORANGE TREE DR**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000828255
02/25/08-80004-025 150.00

**DO NOT WRITE
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 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

2-4-08

Date

(561) 762-7170

Daytime Phone #