FILED

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 769760

1. Entity Name



02-17-2003 90190 040 ****61.25 TEN-EIGHTY CONDOMINIUM, INC. Principal Place of Business Mailing Address % VASSILIS. TSAGAS % VASSILIS, TSAGAS 37 BRACKETT ST. 37 BRACKETT ST. **BIRGHTON MA 02135 BIRGHTON MA 02135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number 59-2358344 Applied For Not Applicable Zip Country Zip 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 Name TSAGAS, VASSILIS Street Address (P.O. Box Number is Not Acceptable) 1080 92ND ST. **BAY HARBOR ISLANDS FL 33154** 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, ROBERT NAME STREET ADDRESS **1086 92ND STREET** STREET ADDRESS CITY-ST-ZIP BAY HBR ISLANDS FL CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANTEQUERA, MARJORIE F. NAME NAME STREET ADDRESS **1082 92ND STREET** STREET ADDRESS CITY-ST-ZIP BAY HBR ISLANDS FL CITY-ST-ZIP PTD TITLE ☐ Delete TITLE ☐ Change Addition NAME TSAGAS, VASSILIS NAME STREET ADDRESS **1080 92ND STREET** STREET ADDRESS CITY-ST-ZIP BAY HBR ISLANDS FL CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, YOLANDA NAME STREET ADDRESS **1086 92ND STREET** STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 617, 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

PRESIDENT) February 12.42 SIGNATURE