

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90058 022 ****61.25

DOCUMENT # 769362

1. Entity Name
**249 PERUVIAN BUILDING, INC. A NON-RESIDENTIAL
CONDOMINIUM**



Principal Place of Business

**C/O ROBERT WYNER
249 PERUVIAN AVE
PALM BEACH, FL 33480 US**

Mailing Address

**270 SOUTH COUNTY ROAD
PALM BEACH, FL 33480 US**

40023855



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2373713

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAW, DORIS
270 SOUTH COUNTY ROAD
PALM BEACH, FL 33480**

**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 re-issuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
WYNER, ROBERT
249 PERUVIAN AVENUE SUITE F-5
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
BABYATSKY, MARVIN DR
249 PERWILAN AVENUE
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
HOPKINS, RANDY
P.O. BOX 69
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 liquidator 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 respect to other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

Date

Daytime Phone _____