


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007781	
1. Entity Name 610 CLEMATIS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 610 CLEMATIS ST WEST PALM BEACH, FL 33401	Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 1000 MIAMI, FL 33133
---	---

2. Principal Place of Business - No P.O. Box # 610 CLEMATIS ST.	3. Mailing Address 610 CLEMATIS ST
Suite, Apt. #, etc. SUITE # 100	Suite, Apt. #, etc. SUITE 100

City & State WEST PALM BEACH, FL.	City & State WEST PALM BEACH, FL.
Zip 33401	Zip 33401
Country U.S.A.	Country U.S.A.

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2598007

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400103094394 05/23/07--01009--031 **\$61.25 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing, Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROY, MARK 2601 SOUTH BAYSHORE DRIVE, SUITE 1000 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER LENORE NEWBOLD 610 CLEMATIS ST, UNIT # 533 WEST PALM BEACH, FL. 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT DANIEL 610 CLEMATIS ST, UNIT # 529 WEST PALM BEACH, FL. 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LENORE NEWBOLD 610 CLEMATIS ST, UNIT # 523 WEST PALM BEACH, FL. 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MIKE SLOAN 610 CLEMATIS ST, UNIT # 836 WEST PALM BEACH, FL. 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AL LIEBOWITZ 610 CLEMATIS ST, UNIT # 821 WEST PALM BEACH, FL. 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT WHITEHEAD 610 CLEMATIS ST, UNIT # 207 WEST PALM BEACH, FL. 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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.

SIGNATURE: _____ Date: 4-9-07 Daytime Phone #: _____

5/10/07