

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007781

FILED
Apr 22, 2009
Secretary of State

Entity Name: 610 CLEMATIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

610 CLEMATIS ST
SUITE 100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

610 CLEMATIS ST
SUITE 100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-2598007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: NEWBOLD, LENORE
Address: 610 CLEMATIS ST. UNIT #533
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: DANIEL, ROBERT
Address: 610 CLEMATIS ST. UNIT #529
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: WHITEHEAD, ROBERT
Address: 610 CLEMATIS UNIT #207
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: GLASER, JIM
Address: 610 CLEMATIS ST. UNIT #205
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WHITEHEAD, ROBERT
Address: 610 CLEMATIS ST. UNIT #207
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Change () Addition
Name: GLASER, JIM
Address: 610 CLEMATIS UNIT #205
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: RUFFING, GARY
Address: 610 CLEMATIS ST. UNIT #531
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Change (X) Addition
Name: LIEBOWITZ, ALLAN
Address: 610 CLEMATIS ST. UNIT #821
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE NEWBOLD

P/T

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date