


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003674

1. Entity Name
 FOUNTAIN SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

70 N.E. 5TH AVENUE 70 N.E. 5TH AVENUE
 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483

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01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 41-0944201 Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, MARK A ESQ.
 50 S.E. 4TH AVENUE
 DELRAY BEACH, FL 33483

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUSH, DARYL G
STREET ADDRESS	70 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPD
NAME	BROWN, HARVEY L JR
STREET ADDRESS	64 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	STD
NAME	KERN, KEITH D
STREET ADDRESS	50 S.E. 4TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000789434
 01/22/08-80025-009 61.25

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 files empowered.

SIGNATURE: _____ **1/16/08** **561-265-0160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #