



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

2. **FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90047 035 \*\*\*\*61.25

<b>DOCUMENT # N06000001176</b>					
1. Entity Name 804 OLD DIXIE HIGHWAY CONDOMINIUM BUILDING ASSOCIATION, INC.					
Principal Place of Business 105 SOUTH NARCISSUS AVENUE 600 WEST PALM BEACH, FL. 33401			Mailing Address 105 SOUTH NARCISSUS AVENUE 600 WEST PALM BEACH, FL. 33401		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KERRY R. SCHWENCKE, P.A. 1209 NORTH OLIVE AVENUE WEST PALM BEACH, FL. 33401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 signatures required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, NORMAN		NAME		
STREET ADDRESS	105 S. NARCISSUS AVENUE, STE. 600		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, SUSAN		NAME		
STREET ADDRESS	105 S. NARCISSUS AVENUE, STE. 600		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, SUSAN		NAME		
STREET ADDRESS	105 S. NARCISSUS AVENUE, STE. 600		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, SUSAN		NAME		
STREET ADDRESS	105 S. NARCISSUS AVENUE, STE. 600		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL. 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			2/12/07 561-659-5554		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		