


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90256 050 ****61.25

0021183

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N32596

1. Corporation Name
601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business % K.M. BURGE 643 17TH STREET VERO BEACH FL 32960 US	Mailing Address % K.M. BURGE 643 17TH STREET VERO BEACH FL 32960 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 05/31/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2972392
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BURGE, K.M. 643 17TH STREET SUITE 2 R VERO BEACH FL 32960	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE 

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTSCHINSKI, RONALD C.	1.2 NAME	
STREET ADDRESS	1826 US HIGHWAY #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSKI, EDWARD W.	2.2 NAME	
STREET ADDRESS	637 17TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGE, K.M.	3.2 NAME	
STREET ADDRESS	643 17TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CUTRIGHT, DAVID
STREET ADDRESS		4.3 STREET ADDRESS	641 17TH STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TAYLOR, JONATHAN
STREET ADDRESS		5.3 STREET ADDRESS	605 17TH STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **K. M. BURGE** SIGNATURE  DATE **3/8/99** (561) 569-6109

CR2E037 (1/198)