

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90444 012 ****61.25

DOCUMENT # N32596

1. Entity Name

601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% K.M. BURGE
 643 17TH STREET
 VERO BEACH FL 32960
 US

% K.M. BURGE
 643 17TH STREET
 VERO BEACH FL 32960
 US

C0042623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2972392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGE, K.M.
643 17TH STREET
SUITE 2 R
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DS KUTSCHINSKI, RONALD C.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1826 US HIGHWAY #1 VERO BEACH FL	
TITLE NAME	DP RUBINSKI, EDWARD W.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	637 17TH STREET VERO BEACH FL	
TITLE NAME	DV BURGE, K.M.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	643 17TH STREET VERO BEACH FL	
TITLE NAME	D CUTRIGHT, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	641 17TH ST. VERO BCH FL	
TITLE NAME	D TAYLOR, JONATHAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	605 17TH ST. VERO BCH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 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:

K. M. Burge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
 Date

Daytime Phone #

CR2E037 (10/00)