


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State


DOCUMENT # N32596

1. Entity 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
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2972392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUTSCHINSKI, RONALD C. 1826 US HIGHWAY #1 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBINSKI, EDWARD W. 637 17TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURGE, K.M. 643 17TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTRIGHT, DAVID 641 17TH ST. VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/18/05-80056-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Edward W. Rubinski **Edward W. Rubinski** ✓ 772-567-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #