## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90021 024 \*\*\*\*61.25

1. Entity Name 601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.							
Principal Plac % K.M. BURG 643 17TH ST VERO BEACH	GE Treet	Mailing Address % K.M. BURGE 643 17TH STREET VERO BEACH, FL 32960	US			3	
2. Principal P 6 3 7 Suite, Apt.	17 Street	3. Mailing Address P. O. Box 34 Suite, Apt. #, etc.	59		ig-NP CR2E037 (11/05)		
City & Stat Vero	Beach FL	City & State Vero Beach	LFL	4. FEI Number 59-297239	<u> </u>	oplied For	
329	60 US	32961-0369	Country US	5. Certificate of Sta	Fee Require		
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Addi	ress of New Registered Agent		
BURGE, K	STREET			Street Address (P.O. Box Number is Not Acceptable)			
SUITE 2 R VERO BEACH, FL 32960							
			City Vera	Beach	FL 32	960	
the obligat	named entity submits this statement for the	ne purpose of changing its re		tered agent, or both, in	the State of Florida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title of applicable. (NOTE: I	Registered Agent signature requi		DATE /	<del></del>	
·	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable t Florida Department of S		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS   KUTSCHINSKI, RONALD C   1826 US HIGHWAY #1   VERO BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURGE, K.M. 643 17TH STREET VERO BEACH, FL	🗷 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D CUTRIGHT, DAVID 641 17TH ST. VERO BCH, FL	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the co	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, with	ue and accurate and that my ared to execute this report a	the exemptions contain v signature shall have th s required by Chapter 6	ed in Chapter 119, Flor ne same legal effect as i 617, Florida Statutes; an	ida Statutes. I further certify that the in f made under oath; that I am an office d that my name appears in Block 10 c	nformation r or director r Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR