

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 19, 2007**  
**Secretary of State**

DOCUMENT# N02000007781

**Entity Name:** 610 CLEMATIS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**610 CLEMATIS ST  
SUITE 100  
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**2601 SOUTH BAYSHORE DRIVE  
SUITE 1000  
MIAMI, FL 33133**New Mailing Address:****FEI Number:** 20-2598007      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PT      ( ) Delete  
**Name:** NEWBOLD, LENORE  
**Address:** 610 CLEMATIS ST. UNIT #533  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** VP      ( ) Delete  
**Name:** DANIEL, ROBERT  
**Address:** 610 CLEMATIS ST. UNIT #529  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** S      ( ) Delete  
**Name:** SLOAN, MIKE  
**Address:** 610 CLEMATIS ST. UNIT #836  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** D      ( ) Delete  
**Name:** LIEBOWITZ, AL  
**Address:** 610 CLEMATIS ST. UNIT #821  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** D      (X) Delete  
**Name:** WHITEHEAD, ROBERT  
**Address:** 610 CLEMATIS ST. UNIT #207  
**City-St-Zip:** WEST PALM BEACH, FL 33401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S      (X) Change ( ) Addition  
**Name:** WHITEHEAD, ROBERT  
**Address:** 610 CLEMATIS UNIT #207  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE NEWBOLD

PT

09/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date