

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009955

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: 816 PROSPERITY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

816 PROSPERITY FARMS RD  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

816 PROSPERITY FARMS RD  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 20-5738029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISKE, PRICILLA P  
816 PROSPERITY FARMS RD  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

FISKE, PRISCILLA P  
816 PROSPERITY FARMS RD  
NORTH PALM BEACH, FL 33408 US

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: PRISCILLA P. FISKE

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: QUIRK, JOSEPH  
Address: 1201 JUPITER PRK DR  
City-St-Zip: JUPITER, FL 33458

Title: VP ( ) Delete  
Name: SCHMAKEL, LAWRENCE  
Address: 816 PROSPERITY FARMS RD 1  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ST ( ) Delete  
Name: O'CONNELL, DENNIS  
Address: 1448 HARBOUR PT DR  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH QUIRK

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date