2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N03000001840

Entity Name: ONE WATERMARK PLACE OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

622 N FLAGLER DR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

622 N FLAGLER DR
STE 2000
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 86-1052769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ST. JOHN, CORE,FIORE & LEMME, P.A.
1601 FORUM PLACE
STE 701
WEST PALM BEACH, FL 33401 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: PO ( ) Delete
Name: GIGLIOTTI, CHRISTOPHER
Address: 622 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VO ( ) Delete
Name: LEVY, IRWIN
Address: 622 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: 2VO ( ) Delete
Name: HOFFMAN, ASHLEY
Address: 622 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TO ( ) Delete
Name: SULLIVAN, MICHAEL
Address: 622 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SO ( ) Delete
Name: PORTER, JOHN
Address: 622 N FLAGLER DRIVE
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: ( ) 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: MICHAEL SULLIVAN TO 03/05/2009

Electronic Signature of Signing Officer or Director — Date