


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 743930	
1. Entity Name C. P. CONDOMINIUM OFFICE OWNERS ASSOCIATION, INC.	

Principal Place of Business 2326 S CONGRESS AVE SUITE 2-C W PALM BEACH FL 33406 US	Mailing Address 2326 S CONGRESS AVE SUITE 2-C W PALM BEACH FL 33406 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HANSEN, ARTHUR 2326 S CONGRESS AVE SUITE 1-A WEST PALM BEACH FL 33406	Name Street Address (P.O. Box Number is Not Acceptable) City
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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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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T LOVE, ELEANOR 2326 S CONGRESS AVENUE, STE 2D WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
S COOLEY, SARAH 2326 S CONGRESS AVE, STE 2C WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
SD LANE, LORI 2326 SO CONGRESS AVE S1A WEST PALM BCH FL	<input type="checkbox"/> Delete
PD HANSEN, ARTHUR D 2326 S CONGRESS AVE., S1A WEST PALM BCH FL	<input type="checkbox"/> Delete
VP WALKER, DALE 2326 SO CONGRESS AVE W PALM BEACH FL	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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1st MOORE CR2E037 (10/04)

4. FEI Number **59-1969240** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

UN00000312251
04/18/05-80076-018 61.25