2006 NOT-FOR-PROFIT CORPORATION ... ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # 743930** 1. Entity Name 02-22-2006 90014 043 ****61.25 C. P. CONDOMINIUM OFFICE OWNERS ASSOCIATION, Principal Place of Business Mailing Address 2326 S CONGRESS AVE 2326 S CONGRESS AVE SUITE 2-C W PALM BEACH FL 33406 W PALM BEACH FL 33406 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1969240 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANSEN, ARTHUR Box Number is Not Acci 2326 S CONGRESS AVE SUITE 1-A WEST PALM BEACH FL 33406 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition LOVE, ELEANOR NAME 2326 S CONGRESS AVENUE, STE 2D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOLEY, SARAH NAME NAME 2326 S CONGRESS AVE, STE 2C STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition LANE, LORI STREET ADDRESS 2326 SO CONGRESS AVE S1A STREET ADDRESS CITY-ST-719 WEST PALM BCH FL CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HANSEN, ARTHUR D STREET ADDRESS 2326 S CONGRESS AVE., S1A STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ■ Addition NAME WALKER, DALE NAME 2326 SO CONGRESS AVE STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

bush later

2/6/06

FILED

Feb 22, 2006 8:00 am