

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744832

FILED
Jul 19, 2009
Secretary of State

Entity Name: FASHION SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2045 NE 24 AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

2045 NE 24 AVE
POMPANO BEACH, FL 33062 BR

Current Mailing Address:

% BARBARA ANN KELLY
2571 N.E. 22ND ST.
POMPANO BEACH, FL 33062

New Mailing Address:

% BARBARA ANN KELLY
2571 N.E. 22ND ST.
POMPANO BEACH, FL 33062 BR

FEI Number: 59-1907713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, BARBARA ANN
2571 N.E. 22ND ST.
POMPANO BCH., FL 33062 US

Name and Address of New Registered Agent:

KELLY, BARBARA ANN
2571 N.E. 22ND ST.
POMPANO BCH., FL 33062 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: BARBARA ANN KELLY

07/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEINMETZ, DAVID
Address: 1231 N E 27TH AVE.
City-St-Zip: POMPANO BEACH, FL 33062

Title: ST () Delete
Name: KELLY, BARBARA ANN
Address: 2571 NE 22 ST.
City-St-Zip: POMPANO BCH., FL 33062

Title: D () Delete
Name: BEEZLEY, DOUGLAS
Address: 2045 NE 24 AVE #23
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: ROTH, LUIGI
Address: 2045 NE 24 AVE UNIT 24
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: MILLER, BONNIE
Address: 2045 NE 24 AVE #5
City-St-Zip: POMPANO BEACH, FL 33062

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: BARBARA ANN KELLY

SEC

07/19/2009

Electronic Signature of Signing Officer or Director

Date