


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 008 ****61.25

DOCUMENT # 747106	
1. Entity Name THE 101 BUILDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 101 SE SIXTH AVE 101 SE 6TH AVE SUITE A DELRAY BEACH, FL 33483-5224 US	Mailing Address 101 SE SIXTH AVE 101 SE 6TH AVE SUITE A DELRAY BEACH, FL 33483-5224 US
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40022769

2. Principal Place of Business - No P.O. Box # 101 SE 6TH AVE	3. Mailing Address 101 SE 6TH AVE, STE A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Zip 33483
Country USA	Country USA

02172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2015952	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANNING, MICHAEL P. 101 SE SIXTH AVE SUITE B DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, MICHAEL P 101 SE SIXTH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 SE 6TH AVE, STE B Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, JOHN R 101 SE SIXTH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 SE 6TH AVE, STE G Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIGNATO, JAMES V. 101 SE SIXTH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 SE 6TH AVE, STE A Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07

Date

Daytime Phone #