2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749506

FILED Mar 25, 2009 Secretary of State

Entity Name: ONE THIRTY FIVE SHORE COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 135 SHORE COURT NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 106 DORY ROAD SOUTH NORTH PALM BEACH, FL 33408 FEI Number: 59-2069010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAPE, OLIVIA 106 SOUTH DORY ROAD NORTH PALM BEACH, FL 33408 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KRAPE, JERRY W., KRAPE, JERRY W., Name: Name: 106 S. DORY RD. Address: 106 S. DORY RD. Address: City-St-Zip: N PALM BCH, FL City-St-Zip: N PALM BCH, FL 33408 Title: TD Title: (X) Change () Addition () Delete Name: KRAPE, OLIVIA M., Name: KRAPE, OLIVIA M., Address: 106 DORY ROAD, SOUTH Address: 106 DORY ROAD, SOUTH City-St-Zip: N PALM BCH, FL City-St-Zip: N PALM BCH, FL 33408 Title: VPD () Delete Title: () Change () Addition CLEMENS, DONALD, Name: Name: 237 CASTLEWOOD DR SUITE 1 Address: Address: City-St-Zip: N PALM BCH, FL 33408 City-St-Zip: () Delete Title: SD Title: () Change () Addition Name: FRIIS, SANDY Name: 301 LAKE SHORE DR APT 302 Address: Address: City-St-Zip: LAKE PARK, FL 33403 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: OLIVIA KRAPE TD 03/25/2009