

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751656

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE ENVOY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2450 PRESIDENTIAL WAY
W. PALM BCH., FL 33401

New Principal Place of Business:

Current Mailing Address:

2450 PRESIDENTIAL WAY
W. PALM BCH., FL 33401

New Mailing Address:

FEI Number: 59-2383060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDER, STAN
2450 PRESIDENTIAL WAQY #1206
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

POCKROS, SIGMUND
2450 PRESIDENTIAL WAY #407
WEST PALM BEACH, FL 33401 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: SIGMUND POCKROS

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FEDER, STAN
Address: 2450 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: POCKROS, SIGMUND
Address: 2450 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: LESSANS, RICHARD
Address: 2480 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Delete
Name: FEDER, STANLEY
Address: 2450 PRESIDENTIAL WY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: MESSMAN, JUDITH
Address: 2450 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POCKROS, SIGMUND
Address: 2450 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP (X) Change () Addition
Name: LESSANS, RICHARD
Address: 2450 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Change () Addition
Name: BARRIS, RONALD
Address: 2480 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33401

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: SIGMUND POCKROS

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date