



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90044 049 ****61.25

DOCUMENT # 753089					
1. Entity Name CONGRESS PARK III OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2324 S CONGRESS AVE WEST PALM BEACH, FL 33406		Mailing Address 222 LAKEVIEW AVE. 1630 WEST PALM BEACH, FL 33401		40009776	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2069163	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'DONOGHUE, DANA 2324 S. CONGRESS AVE. 2A WEST PALM BEACH, FL 33406			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Ken Foster, Treasurer, KE Foster</i>				1/17/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, KEN	NAME	Williams, Sean		
STREET ADDRESS	728 SANDPIPER WAY	STREET ADDRESS	2324 S Congress Ave. Ste 11		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	West Palm Beach, FL 33406		
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILLIAMS, SEAN	NAME	Bob Gallo		
STREET ADDRESS	2324 S CONGRESS AVE. STE 11	STREET ADDRESS	2439 Inlet Cove Rd		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, KEN	NAME	Foster, Ken		
STREET ADDRESS	928 SANDPIPER WAY	STREET ADDRESS	928 Sandpiper Way		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	North Palm Beach, FL 33408		
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, KARI	NAME	Foster, Kari		
STREET ADDRESS	728 SANDPIPER WAY	STREET ADDRESS	728 Sandpiper Way		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	North Palm Beach, FL 33408		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Ken Foster, Treasurer, KE Foster</i>				1/17/08 561-596-8923	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	