

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755492

FILED
Jan 08, 2009
Secretary of State

Entity Name: 355 OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

355 NE 5TH AVE
STE 6
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

355 NE 5TH AVE
STE 6
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-2144672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLING, MIRIAM B
355 N E 5TH AVENUE
STE 6
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SUMRALL JR, H CASSED, Y
Address: 4 N W 16TH STREET
City-St-Zip: DELRAY BCH, FL 00000,

Title: PD () Delete
Name: MCGLOIN, RICHARD
Address: 2275 N SWINTON AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: DT () Delete
Name: WALLING, MIRIAM B,
Address: 355 NE 5TH AVE, STE 6
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: KALTMAN, KENNETH T.
Address: 355 NE 5TH AVE, SUITE 4
City-St-Zip: DELRAY BEACH, FL 33483

Title: DS () Delete
Name: BEALE, DAVID A
Address: 355 NE 5TH AVE, SUITE 1
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: DEW, RITA
Address: 355 NE 5TH AVE, SUITE 2
City-St-Zip: DELRAY BEACH, FL 33483

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:

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: MIRIAM B. WALLING

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date