

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90041 019 ****61.25

DOCUMENT # 762307 1. Entity Name THE 3560 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3560 SOUTH OCEAN BLVD. SO PALM BEACH, FL 33480			Mailing Address 3560 SOUTH OCEAN BLVD. SO PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2213977	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVERMAN, SID 3560 SOUTH OCEAN BLVD. SUITE 5049 SO PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ <small>Signature, word or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when registering)</small>					
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 NAME STREET ADDRESS CITY- ST- ZIP	P PARRIS, SANDI 3555 SOUTH OCEAN BLVD SUITE 413 SOUTH PALM BCH, FL 33480		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SILVERMAN, SIDNEY 3560 SOUTH OCEAN BLVD., #504 SO PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ROTHMAN, GEORGE 3560 SO. OCEAN BLVD #300 SOUTH PALM BCH, FL 33480		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LADOVE, MARGARET 3560 SOUTH OCEAN BLVD SUITE 401 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDREDI, CATHI 3555 SOUTH OCEAN BLVD SUITE 212 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CATHI ANDREDI	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LANDI, LEONARD 3560 SOUTH OCEAN BLVD SUITE 603 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEONARD LANDI	
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 I am empowered.					
SIGNATURE: _____ 2-20-08 561-588-2322 <small>SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					