2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762307

FILED Apr 23, 2009 Secretary of State

Entity Name: THE 3560 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3560 SOUTH OCEAN BLVD. SO PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 3560 SOUTH OCEAN BLVD SO PALM BEACH, FL 33480 FEI Number: 59-2213977 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: SILVERMAN, SID SILVERMAN, SID 3560 SOUTH OCEAN BLVD. 3560 SOUTH OCEAN BLVD. **SUITE 5049** SUITE 504 SO PALM BEACH, FL 33480 US SO PALM BEACH, FL 33480 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: 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PARRIS, SANDI Name: Name: 3555 SOUTH OCEAN BLVD SUITE 413 Address: Address: City-St-Zip: SOUTH PALM BCH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition SILVERMAN, SIDNEY Name: Name: Address: 3560 SOUTH OCEAN BLVD., #504 Address: City-St-Zip: SO PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition ROTHMAN, GEORGE Name: Name: 3560 SO. OCEAN BLVD #300 Address: Address: City-St-Zip: SOUTH PALM BCH, FL 33480 City-St-Zip: Title: Title: () Change () Addition () Delete LADOVE, MARGARET Name: Name: 3560 SOUTH OCEAN BLVD SUITE 401 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANDREDI, CATHI ANDREOLI, CATHIE Name: Name: 3555 SOUTH OCEAN BLVD SUITE 212 3555 SOUTH OCEAN BLVD SUITE 212 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: (X) Delete Title: () Change () Addition LANDI, LEONARD Name: Name: Address: 3560 SOUTH OCEAN BLVD SUITE 603 Address: PALM BEACH, FL 33480 City-St-Zip: 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: SANDI PARRIS PRES 04/23/2009