


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 769362
 1. Entity Name
 249 PERUVIAN BUILDING, INC. A NON-RESIDENTIAL CONDOMINIUM



Principal Place of Business Mailing Address
 C/O ROBERT WYNER 270 SOUTH COUNTY ROAD
 249 PERUVIAN AVE PALM BEACH, FL 33480 US
 PALM BEACH, FL 33480 US

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2373713	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
 SHAW, DORIS
 270 SOUTH COUNTY ROAD
 PALM BEACH, FL 33480

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WYNER, ROBERT 249 PERUVAN AVENUE SUITE F-5 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BABYATSKY, MARVIN DR 249 PERWILAN AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOPKINS, RANDY P.O. BOX 69 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80100-024 61.25

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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: *R. Wyner* 2/15/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #