

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008582

**FILED**  
**Mar 26, 2005**  
**Secretary of State**

**Entity Name:** ALBANESE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 S. ROGERS CIRCLE  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HHH MANAGEMENT  
P.O. BOX 273760  
BOCA RATON, FL 33427

**New Mailing Address:**

FEI Number: 60-0000928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAFFE, ROBERT  
1200 S. ROGERS CIRCLE  
#8  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

SAELINGER, DIANE  
1200 S. ROGERS CIRCLE  
#5  
BOCA RATON, FL 33487 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: DIANE SAELINGER

03/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JAFFE, ROBERT  
Address: 1200 S. ROGERS CIRCLE, #8  
City-St-Zip: BOCA RATON, FL 33487

Title: DV ( ) Delete  
Name: OPPER, NORMAN  
Address: 1200 S. ROGERS CIRCLE, #13  
City-St-Zip: BOCA RATON, FL 33487

Title: DST ( ) Delete  
Name: REUVAN, GINTON  
Address: 1200 S. ROGERS CIRCLE #16  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GINTON, REUVEN  
Address: 1200 S. ROGERS CIRCLE, #16  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: SAELINGER, DIANE  
Address: 1200 S. ROGERS CIRCLE #5  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE SAELINGER

ST

03/26/2005

Electronic Signature of Signing Officer or Director

Date