

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008582

FILED
Apr 04, 2009
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:

SAELINGER, DIANE
1200 S. ROGERS CIRCLE
#5
BOCA RATON, FL 33487 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: DT () Delete
Name: GINTON, REUVEN
Address: 1200 S. ROGERS CIRCLE, #16
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: DP () Delete
Name: SAELINGER, DIANE
Address: 1200 S. ROGERS CIRCLE #5
City-St-Zip: BOCA RATON, FL 33487

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

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:

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: DIANE SAELINGER

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04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date