


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N01969 1. Entity Name CIVIC CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business C/O JACK GAYAGIAN 618 N.FEDERAL HWY. BOYNTON BEACH, FL 33435	Mailing Address C/O JACK GAYAGIAN 618 N.FEDERAL HWY. BOYNTON BEACH, FL 33435	



02182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-9280518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAYEGIAN, JACK 618 N. FEDERAL HWY. BOYNTON BEACH, FL 33435	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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	TD GAYEGIAN, LYNDAL 614 N. FEDERAL HWY BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, KEN 614 N FEDERAL HWY BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAYEGIAN, JACK 618 N FEDERAL HWY BOYNTON BEACH, FL 33435
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03/02/07-80023-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/07 **561-736-0568**
Date Daytime Phone #