2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000156

Apr 01, 2009 Secretary of State

Entity Name: ONE CITY PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 801 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 801 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 FEI Number: 20-3045164 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: LOUIS, CAPLAN P A SACHŚ & SAX 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALDRON, KATHERINE Name: Name: 801 S OLIVE 818 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition CANTIN, RALPH Name: CANTIN, RALPH Name: Address: 801 SOUTH OLIVE AVENUE, #1108 Address: 801 SOUTH OLIVE AVENUE, #1108 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: DD () Delete Title: () Change () Addition FOWLKES, CLINT Name: Name: 801 S OLIVE AVE 1506 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: (X) Change () Addition Title: DD () Delete Title: DT Name: MORA, MARYANN Name: MORA, MARYANN Address: 801 S OLIVE AVE 1604 Address: 801 S OLIVE AVE 1604 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: (X) Change () Addition DEMARINIS, VICTOR DEMARINIS, VICTOR Name: Name: 801 S OLIVE AVE108 801 S OLIVE AVE108 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

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: KATHERINE WALDRON DP 04/01/2009