

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000430 1. Entity Name CONGRESS COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 2295 NW CORPORATE 601 N CONGRESS AVE DELRAY BEACH, FL 33445	Mailing Address 2295 NW CORPORATE STE 138 DELRAY BEACH, FL 33445
--	---

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2445496	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAAG MGMT & REALTY 2295 NW CORP BLVD, STE 138 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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) 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	000000786224 01/17/08-80032-004 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, RONALD M 601 N CONGRESS AVE, # 401 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, FREDERICK 601 N CONGRESS AVE, # 405 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KHIDIRIAN, KATHERIN 601 N CONGRESS AVE 428 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: FREDERICK GRANT 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #