

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002338

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE SERVICIO CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1601 BELVEDERE ROAD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1601 BELVEDERE ROAD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WELLES, PATRICIA G
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 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: PD () Delete
Name: AMARAL, MICHAEL
Address: 3445 PEACHTREE ROAD
City-St-Zip: ATLANTA, GA 30326

Title: VPSD () Delete
Name: ELLIS, DANIEL E
Address: 3445 PEACHTREE ROAD
City-St-Zip: ATLANTA, GA 30326

Title: TVP () Delete
Name: ARTIME, MANUEL E
Address: 3445 PEACHTREE ROAD
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: MEYER, WILLIAM A
Address: 1601 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D (X) Change () Addition
Name: LEON, MARGARET
Address: 1601 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

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: MICHAEL AMARAL

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date