2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 22, 2006 8:00 am Secretary of State DOCUMENT # N0400006900 08-22-2006 90028 029 ****61.25 NINE FIFTY BROADWAY CONDOMINIUM ASSOCIATION, INC. CCCMODIA Principal Place of Business Mailing Address 1155 TAMPA ROAD 1155 TAMPA ROAD PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 US 2. Principal Place of Business 3. Mailing Address 40 Goldstor Management Co % Goldstor Management Co Suite, Apt. #, etc. Suite, Apt. #, etc. 08172006 CR2E037 (4/06) 4270 2435 US 19 2435 US 19 # 270 Applied For City & State City & State 4. FEI Number NOT APPLICABLE bliday Holida Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired П 34691 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN HOOK, GREGORY J Street Address (P.O. Box Number is Not Acceptable) Yo Goldster Management Co 1155 TAMPA ROAD PALM HARBOR, FL 34683 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 Ulm, LCAM SIGNATURE ed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE ☐ Change ☐ Addition □ Detete VAN HOOK, GREGORY J NAME NAME 1155 TAMPA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HABOR, FL 34683 CITY-ST-ZIP VP ☐ Delete TITLE ☐ Change ☐ Addition TITLE CLINE, ERNEST R NAME NAME STREET ADDRESS STREET ADDRESS 1155 TAMPA ROAD CITY-ST-ZIP CITY-ST-ZIP PALM HABOR, FL 34683 ☐ Delete TITLE ☐ Change ☐ Addition TIT! F NAME VAN HOOK, JANET C NAME STREET ADDRESS 1155 TAMPA ROAD STREET ADDRESS PALM HABOR, FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachplent with an address, with all other like empowered.

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