

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 026 ****61.25

DOCUMENT # N04000009549 1. Entity Name DREXEL PARK TOWNHOMES 1 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432		Mailing Address 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # <i>6300 Park of Commerce Blvd</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Boca Raton, FL</i>		City & State <i>same as left</i>	
Zip <i>33487</i>	Country	Zip	Country
4. FEI Number 01-0840903		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUDET, LYNNE 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUDET, LYNNE 123 N.W. 13TH STREET, SUITE 300 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD YUTER, RON 123 N.W. 13TH STREET, SUITE 300 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILLEN, GREG 123 N.W. 13TH STREET, SUITE 300 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>[Signature]</i> Vice President 1/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			