2008 NOT-FOR-PROFIT CORPORATION

Feb 14, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N04000009549 02-14-2008 90030 018 ****61.25 1. Entity Name DREXEL PARK TOWNHOMES 1 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022008 Cha-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 01-0840903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAUDET, LYNNE Box Number is Not Acceptable) **123 N.W. 13TH STREET** SUITE 300 BOCA RATON, FL 33432 Comm 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 e segistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. D Delete Change Addition TITLE TITLE Gaudet, Lynn 8637 Stirling GAUDET, LYNNE NAME NAME Ra STREET ADDRESS 123 N.W. 13TH STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY+ST-ZIP 33328 VSTD Delete TITLE TITLE Addition YUTER, RON NAME NAME STREET ADDRESS 123 N.W. 13TH STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP Addition TITLE TITLE Delete Change NAME KELLY, VIRGINIA NAME 6300 PARK OF COMMERCE BLVD STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY+ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition GOLDSTEIN, LARRY NAME NAME 6300 PARK OF COMMERCE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

■ Addition

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 6

Delete

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME