

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N04000009549                                                    |  |
| 1. Entity Name<br>DREXEL PARK TOWNHOMES 1 CONDOMINIUM<br>ASSOCIATION, INC. |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 | Mailing Address<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |

FILED  
08 JUL -8 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06132008 Chg-NP CR2E037 (12/06)

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>01-0840903                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|                                                                                                                                               |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>GELFAND, JAYME<br>PRIME MGMT., GROUP<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                       |                                                                                     |                                |                                                      |
|-----------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|-----------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                           |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>GAUDET, LYNN<br>8637 STIRLING RD<br>FORT LAUDERDALE, FL 33328 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President / Treasurer<br>Suarez, Mercedes<br>8637 Stirling Road<br>Cooper city, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>GOLDSTEIN, LARRY<br>8637 STIRLING RD<br>FORT LAUDERDALE, FL 33328 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President / Secretary<br>Hillhouse, Paul<br>8637 Stirling Road<br>Cooper city, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KELLY, VIRGINA<br>8637 STIRLING RD<br>FORT LAUDERDALE, FL 33328 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 8637 Stirling Road<br>Cooper city, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200132921702<br>07/15/08--01007--006 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:  7/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS