2805 NOT-FOR-PROFIT CORPORATION

FILED Mar 25, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N04000009660 1. Entity Name 03-25-2005 90022 036 ***158 75 PALMS WEST PROFESSIONAL CENTER M.O.B. 9 CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 704 XANADU PLACE 704 XANADU PLACE JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Cha-NP CR2E037 (10/03) Applied For City & State 4. FEI Number City & State 72-1589-234 Not Applicat: \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jack m. Berk SHLAMOWITZ, MORRIS Street Address (P.O. Box Number is Not Acceptable) 118 PEGASUS DR JUPITER, FL 33477 PLace 704 XANADU 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 acce the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE 12014 Captians Landing No. Palm Bch. Fl. 33408 SHLAMOWITZ, MORRIS NAME NAME 118-PEGASUS DR STREET ADDRESS STREET ADDRESS JUPITER, Pt 33477 CITY-ST-7IP CITY-ST-7IP DΛ TITLE ☐ Defete TITI F BERK, JACK NAME NAME **704 XANADU PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER, FL 33477 ☐ Delete TITLE TITL F 12014 captions Landing SHLAMOWITZ, JOAN NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

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