

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002232

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** BEACON SQUARE PROFESSIONAL CAMPUS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17160 ROYAL PALM BLVD.  
SUITE 2  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

2295 NW CORPORATE BLVD.  
#138  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSEN, HARRY M ESQ  
1253 MANOR DRIVE SOUTH  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

HAAG, MANAGEMENT  
2295 NW CORPORATE BLVD  
STE 138  
BOCA RATON, FL 33431 US

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.

SIGNATURE: HAAG MANAGEMENT

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: ORTIZ, DAVID  
Address: 17160 ROYAL PALM BLVD., SUITE 2  
City-St-Zip: WESTON, FL 33326 US

Title: DP ( ) Delete  
Name: ROSEN, HARRY M  
Address: 17160 ROYAL PALM BLVD., SUITE 2  
City-St-Zip: WESTON, FL 33326 US

Title: DST ( ) Delete  
Name: ZOBERG, PETER  
Address: 17160 ROYAL PALM BLVD., SUITE 2  
City-St-Zip: WESTON, FL 33326 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEN, HARRY

DP

03/25/2009

Electronic Signature of Signing Officer or Director

Date