2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # N0500008685 1. Entity Name DAVIE SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC.						03-13-2008	·) ****61	.25
Principal Place of Business 1645 SE 3RD COURT STE 200 DEERFIELD BEACH, FL 33441 Mailing Address 1645 SE 3RD COURT STE 200 DEERFIELD BEACH, FL 33441					•				
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address				8)81 81111 9893 88111 98	}	THE ISLE CHA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282008	Chg-NP	CR2E037	(12/06)	
City & State		City & State		4. FELNumber 20-4531	736		_ 	olied For Applicable	
Zip	Country Zip Co		Cour	intry	5. Certificate of	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New I	Registered Ag	jent	
CRANET LLOYD ESO				Name					
GRANET, LLOYD ESQ 2295 NW CORPORATE BLVD STE 235 BOCA RATON, FL 33431				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	•
8. The above	named entity submits this statement for	r the purpose of changing it	ts registere	ed office or re	egistered agent, or bott	n, in the State of F		miliar with, a	and accept
	ions of registered agent.	and par passes on a managing in			-g.c.c. again, or con	,,	•		
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SIGNATURE .									į.
	Signature, typed or printed name of registered agent	and title it applicable. (NO	TE: Registered	d Agent signature	required when reinstating)		DATE		
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25	and title it applicable. (NC 9. Election Ci		inancing	\$5.00 May Bo		Make check		
			ampaign F	inancing _	\$5.00 May Bo	State Flo		nent of St	ate
	Filing Fee is \$61,25	9. Election Ca Trust Fund	ampaign F	Financing Lion. E	\$5.00 May Be Added to Fees	State Flo	wake check rida Departi	ment of St	ate .
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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 distate 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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR