

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 028 \*\*\*\*61.25

<b>DOCUMENT # N05000009346</b> 1. Entity Name <b>ENTERPRISE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>901 NORTHPOINT PARKWAY SUITE 200 WEST PALM BEACH, FL 33407</b>			Mailing Address <b>901 NORTHPOINT PARKWAY SUITE 200 WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02262008 Chg-NP CR2E037 (12/06)	
4. FFI Number <b>20-3567061</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD SUITE 235 BOCA RATON, FL 33431-7330</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renaming) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUPO, JACK <input type="checkbox"/> Delete 2295 NW CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTSON, THOMAS <input type="checkbox"/> Delete 2295 NW CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUPO, MARY SUZZAN <input checked="" type="checkbox"/> Delete 2295 NW CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY/TREASURER D. GIENALEXANDER 901 NORTHPOINT PARKWAY SUITE 200 WEST PALM BEACH FL 33407</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: _____ <b>4/21/08</b> <b>561.471.5353</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					