

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010481

FILED
Apr 30, 2009
Secretary of State

Entity Name: SPYGLASS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8095 SPYGLASS HILL ROAD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1978 ROCKLEDGE BLVD. # 106
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-3630648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MANAGEMENT
1978 ROCKLEDGE BLVD.
106
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAFFE, TODD
Address: 8095 SPYGLASS HILL ROAD SUITE 101
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: MATINI, JOSEPH T
Address: 8095 SPYGLASS HILL ROAD SUITE103
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: AGGARWAL, MUKESH C
Address: 8095 SPYGLASS HILL ROAD SUITE 104
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: MOSTOFAVI, MAHMOUD
Address: 8095 SPYGLASS HILL ROAD SUITE 105
City-St-Zip: MELBOURNE, FL 32940

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:

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: VAN MOORE

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date