


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011964 1. Entity Name DOWNTOWN BUSINESS PARK CONDOMINIUM, INC.	
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04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4455435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
3307 NORTHLAKE BLVD.
SUITE 107
PALM BEACH GARDENS, FL 33403

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000907764
05/06/08-80001-009 61.25

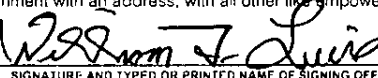
10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	CROSSEN, JOSEPH F
STREET ADDRESS	3307 NORTHLAKE BLVD., SUITE 107
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	D, S
NAME	LEWIS, WILLIAM F
STREET ADDRESS	3307 NORTHLAKE BLVD., SUITE 107
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	D
NAME	TAYLOR, BAXTER
STREET ADDRESS	3307 NORTHLAKE BLVD., SUITE 107
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

 **WILLIAM F. LEWIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08
Date

561-626-2778
Daytime Phone #