

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000461

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: 5505 CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5505 N ATLANTIC AVE  
SUITE 115  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

5505 N ATLANTIC AVE  
SUITE 207  
COCOA BEACH, FL 32931

**Current Mailing Address:**

5505 N ATLANTIC AVE  
SUITE 115  
COCOA BEACH, FL 32931

**New Mailing Address:**

5505 N ATLANTIC AVE  
SUITE 207  
COCOA BEACH, FL 32931

FEI Number: 20-4310053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOSELY, CURTIS R  
1221 E NEW HAVEN AVE  
MELBOURNE, FL 32901 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: DP ( ) Delete  
Name: MCPHILLIPS, MICHAEL  
Address: 5505 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: DS ( ) Delete  
Name: KINCAID, JAMES  
Address: 5505 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: DVT ( ) Delete  
Name: MCPHILLIPS, CHERYL  
Address: 5505 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

**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: MICHAEL MCPHILLIPS

DP

04/25/2007

Electronic Signature of Signing Officer or Director

Date