

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001176

FILED  
Mar 23, 2011  
Secretary of State

**Entity Name:** 804 OLD DIXIE HIGHWAY CONDOMINIUM BUILDING ASSOCIATION, INC.

**Current Principal Place of Business:**

105 SOUTH NARCISSUS AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

105 SOUTH NARCISSUS AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 16-1767698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, SUSAN S  
105 SOUTH NARCISSUS AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401 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  
Name: THOMAS, NORMAN  
Address: 105 S. NARCISSUS AVENUE, STE. 600  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP  
Name: THOMAS, SUSAN  
Address: 105 S. NARCISSUS AVENUE, STE. 600  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S  
Name: THOMAS, SUSAN  
Address: 105 S. NARCISSUS AVENUE, STE. 600  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T  
Name: THOMAS, SUSAN  
Address: 105 S. NARCISSUS AVENUE, STE. 600  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: NORMAN THOMAS

P

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date