## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005609

FILED Jul 06, 2009 Secretary of State

Entity Name: CINQUECENTO CONDOMINIUM ASSOCIATION, INC **Current Principal Place of Business: New Principal Place of Business:** 500 NE 14TH AVE., UNIT 1 500 NE 14TH AVENUE FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 500 NE 14TH AVE., UNIT 1 500 NE 14TH AVENUE #2 FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 FEI Number: 20-5213227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOPER, MATTHEW HOOPER, MATTHEW 500 NE 14TH AVE STE 2 500 NE 14TH AVE #2 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 US US 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: MATTHEW HOOPER 07/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LARSEN, LAURA Name: Name: 500 NE 14TH AVE 5 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BARNETT, ADLER Name: Name: RONCATTI COSTELAC, SHARON Address: 500 NE 14TH AVE 1 Address: 500 NE 14TH AVE 3 FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HOOPER, MATT Name: HOOPER, MATT Name: 500 NE 14TH AVE 2 500 NE 14TH AVE 2 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: (X) Delete Title: () Change () Addition RONCATTI, SHARON Name: Name: Address: 500 NE 14TH AVE 3 Address: City-St-Zip: FORT LAUDERDALE, FL 33301 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: MATTHEW B. HOOPER Т 07/06/2009