

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90163 040 \*\*\*\*70.00

<b>DOCUMENT # N07000001520</b> 1. Entity Name <b>THE SOUTH PALM BEACH CONDOMINIUMS AND COOPERATIVES ASSOCIATION INC.</b>					
Principal Place of Business <b>3589 SOUTH OCEAN BLVD SOUTH PALM BEACH, FL 33480</b>			Mailing Address <b>3589 SOUTH OCEAN BLVD SOUTH PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>3546 SO OCEAN BLVD 824</b>			
City & State <b>Palm Beach</b>		City & State <b>Palm Beach</b>		4. FSI Number <b>56-2665489</b>	
Zip <b>33480</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NEVARD, MIKE 3589 SOUTH OCEAN BLVD SOUTH PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name <b>MORRIS HOROWITZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3546 SO OCEAN BLVD APT 824</b> City <b>Palm Beach</b> FL Zip Code <b>33480</b>	
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 <b>MORRIS HOROWITZ</b> <i>[Signature]</i> <b>4/25/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIVENZIO, JOHN A</b> <b>3589 SOUTH OCEAN BLVD</b> <b>SOUTH PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SOUSA, DAVID</b> <b>3581 SOUTH OCEAN BLVD</b> <b>SOUTH PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEMER, CLARE</b> <b>3545 SOUTH OCEAN BLVD</b> <b>SOUTH PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KRELL, ROBERT</b> <b>3546 SOUTH OCEAN BLVD</b> <b>SOUTH PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEVARD, MIKE</b> <b>3589 SOUTH OCEAN BLVD</b> <b>SOUTH PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOERGER, HARRY</b> <b>2201 SOUTH OCEAN BLVD</b> <b>SOUTH PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>MORRIS HOROWITZ</b> <b>3546 SO OCEAN BLVD, Palm Beach 33480</b> <b>APT 824</b>				
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: <b>MORRIS HOROWITZ</b> <i>[Signature]</i> <b>4/25/08</b> <b>561-547-9956</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					