2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008347

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Entity Name: 568 CONDOMINIUM ASSOCIATION, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5301 N. FEDERAL HIGHWAY SUITE 150 BOCA RATON, FL 33487				568 YAMATO ROAD UNIT 1 BOCA RATON, FL 33431			
Current Mailing Address:				New Mailing Address:			
SUITE 150	EDERAL HIGH) TON, FL 3348			1800 SE TE	ENTH AVENU	E, SUITE 210	
FEI Number:	: 26-1079325	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:		Name and	Bay AMATO ROAD NIT 1 OCA RATON, FL 33431 ew Mailing Address: //O HALLIDAY GROUP REALTY MGMT. INC. BOO SE TENTH AVENUE, SUITE 210 ORT LAUDERDALE, FL 333162907 or Not Applicable () Certificate of Status Desired (X) ame and Address of New Registered Agent: AZZA, DAVID BOO SE THIRD AVENUE ORT LAUDERDALE, FL 33316 US changing its registered office or registered agent, or bo DAIZED DITIONS/CHANGES TO OFFICERS AND DIRECT Collection () Change () Addition ame: Iddress: Iddre		
JHL REGISTERED AGENT, LLC 5301 N. FEDERAL HIGHWAY SUITE 150 BOCA RATON, FL 33487 US				MAZZA, DAVID 1100 SE THIRD AVENUE FORT LAUDERDALE, FL 33316 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of	changing it	s registered of	ffice or registered agent, or bo	
SIGNATURE: DAVID MAZZA						04/29/2009	
	Electron	ic Signature of Registered Age	ent			Date	
OFFICER	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	PD () MAZZA, DAVID 1100 SE 3RD A FT. LAUDERDA			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LEHMAN, JERF	AL HIGHWAY #150		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD () LECORGNE, NI 1100 SE 3RD A FT. LAUDERDA	VE.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () ABRAMS, MARI 5255 N. FEDEI BOCA RATON,	RAL HIGHWAY		Title: Name: Address: City-St-Zip:	ABRAMS, MARI 568 YAMATO R	LYN OAD, UNIT 1	
Title: Name: Address: City-St-Zip:	LEHMAN, JONA	AL HIGHWAY #150		Title: 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: DAVID MAZZA P 04/29/2009