2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N07000009172

Entity Name: 400 CLYDE MORRIS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

400 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

400 CLYDE MORRIS BLVD.
STE B
ORMOND BEACH, FL 32174

FEI Number: 32-0218248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISKANDER, ENAS G.
400 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

COLLINS, MICHELLE D
400 CLYDE MORRIS BLVD.
STE. B
ORMOND BEACH, FL 32174 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: MICHELLE COLLINS 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ISKANDER, ENAS G.
Address: 400 CLYDE MORRIS BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVT ( ) Delete
Name: ISKANDER, RAFAT S.
Address: 400 CLYDE MORRIS BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS ( ) Delete
Name: ISKANDER, RAMEZ
Address: 400 CLYDE MORRIS BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: COLLINS, JASON R
Address: 400 CLYDE MORRIS BLVD. STE. B
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR (X) Change ( ) Addition
Name: ISKANDER, ENAS G
Address: 400 CLYDE MORRIS BLVD. STE. A
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR (X) Change ( ) Addition
Name: ASHBY, CECIL
Address: 400 CLYDE MORRIS BLVD. STE. C
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHELLE COLLINS MRS 04/14/2009
Electronic Signature of Signing Officer or Director Date