

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009172

FILED
Mar 30, 2012
Secretary of State

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.
STE B
ORMOND BEACH, FL 32174

New Mailing Address:

985 SHOCKNEY DRIVE
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:

COLLINS, MICHELLE D
400 CLYDE MORRIS BLVD.
STE. B
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

COLLINS, MICHELLE D
985 SHOCKNEY DRIVE
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:

03/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR
Name: COLLINS, JASON R
Address: 985 SHOCKNEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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: MICHELLE COLLINS

MRS.

03/30/2012

Electronic Signature of Signing Officer or Director

Date