

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002595

FILED
Apr 29, 2009
Secretary of State

Entity Name: PGA FLYOVER CORPORATE CENTER BUILDING 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4300 CATALFUMO WAY MORTH
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4300 CATALFUMO WAY MORTH
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 26-2951718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RPBERT LEE SHAPIRO, P.A.
2401 PGA BOULEVARD
SUITE 272
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CATALFUMO, DANIEL S
Address: 4300 CATALFUMO WAY MORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: EICHNER, JOEY
Address: 4300 CATALFUMO WAY MORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: JACOBY, JAMES E
Address: 4300 CATALFUMO WAY MORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: SIMONSON, PAUL
Address: 4300 CATALFUMO WAY MORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: DANIEL S. CATALFUMO

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date