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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2008 8:00 am
Secretary of State
02-26-2008 90011 016 ****61.25

DOCUMENT # N14726

1. Entity Name
CONGRESS AVENUE MASTER PROPERTY OWNERS ASSOCIATION, INC.

66005650

Principal Place of Business	Mailing Address
5220 HOOD RD SUITE 100 PALM BEACH GARDENS, FL 33418 US	5220 HOOD RD SUITE 100 PALM BEACH GARDENS, FL 33418 US

01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0036593
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAETA, LOUIS A., JR.
5220 HOOD RD
SUITE 100
PALM BEACH GARDENS, FL 33418

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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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GAETA, LOUIS A., JR.
STREET ADDRESS	5220 HOOD RD SUITE 100
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VSD
NAME	CROMWELL, HENRY F.
STREET ADDRESS	905 US HWY 1 SUITE G
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	D
NAME	BUCHANAN, WANDA
STREET ADDRESS	8211 NEEDLES DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J F Cromwell, VSD 3/25/08