

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14990

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** DESIGNERS COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3431 SW 11TH STREET  
DEERFIELD BCH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

3431 SW 11TH STREET  
DEERFIELD BCH, FL 33442

**New Mailing Address:**

**FEI Number:** 65-0602121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMBERLAND, PETER  
3431 S.W. 11TH STREET  
DEERFIELD, FL 33442 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: TURNER, TOM  
Address: 3439 SW 11TH STREET  
City-St-Zip: DEERFIELD BCH, FL 33442

Title: SD (X) Delete  
Name: OWEN, HOWARD  
Address: 3443 SW 11TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: T ( ) Delete  
Name: CHAMBERLAND, PETER  
Address: 3431 SW 11TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER CHAMBERLAND

T

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date