

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17098

1. Entity Name
2ND STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4301 N. OCEAN BLVD
UNIT A-1701
BOCA RATON, FL 33431 US

Mailing Address

4301 N. OCEAN BLVD
UNIT A-1701
BOCA RATON, FL 33431 US

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2750083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MC MANUS, JAMES T
4301 N. OCEAN BLVD
UNIT A-1701
BOCA RATON, FL 33431

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IN THIS SPACE**

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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MC MANUS, JAMES T
STREET ADDRESS 4301 N. OCEAN BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VD
NAME MC MANUS, JAMES T
STREET ADDRESS 4301 N. OCEAN BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE STD
NAME MC MANUS, JAMES T
STREET ADDRESS 4301 N. OCEAN BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

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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IN THIS SPACE**

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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #