

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N17998

1. Entity Name
**MORBECK BUILDING CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**2880 NW BOCA RATON BLVD
UNIT 4
BOCA RATON, FL 33431 US**

Mailing Address
**2880 NW BOCA RATON BLVD
UNIT 4
BOCA RATON, FL 33431 US**



05022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0026031

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH, MAHER
2880 NW BOCA RATON BLVD
SUITE 4
BOCA RATON, FL 33431**

**DO NOT WRITE
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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHARLES, VICKERY
STREET ADDRESS 2880 NW BOCA RATON BLVD, BLDG 4
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE SD
NAME ADRIANA, GUARDIA
STREET ADDRESS 7314 BRUNSWICK CIR
CITY-ST-ZIP BOCA RATON, FL 33437

TITLE TD
NAME LISA, VICKERY
STREET ADDRESS 2880 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000363461
05/05/05-BD161-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Vickery Charles Vickery - President 5/1/05