

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19653

FILED
Apr 06, 2009
Secretary of State

Entity Name: ASPEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487 US

New Principal Place of Business:

1200 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487 US

Current Mailing Address:

6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487 US

New Mailing Address:

1200 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487 US

FEI Number: 59-2173429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPMAN, KAREN
6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LIPPMAN, KAREN
1200 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487 US

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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLACK, SAMUEL
Address: 5130 LAS VERDAS CIR #312
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: EDELMAN, BLANCHE
Address: 5130 LAS VERDES CIR #306
City-St-Zip: DELRAY BEACH, FL 33484

Title: TS () Delete
Name: ROBERTSON, HILDA
Address: 5130 LAS VERDES CIR #212
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: FLORDALISO, ALDA
Address: 5130 LAS VERDES CIRCLE #320
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Change (X) Addition
Name: PISANO, DOLORES
Address: 5130 LAS VERDES CIRCLE #303
City-St-Zip: DELRAY BEACH, FL 33484

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: SAMUEL POLLACK

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date