

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19653

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** ASPEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14000 MILITARY TR  
SUITE 112  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

14000 MILITARY TR  
SUITE 112  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065 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  
14000 MILITARY TR  
SUITE 112  
DELRAY BEACH, FL 33484 US

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

LIPPMAN, KAREN  
2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065 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: KAREN LIPPMAN

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: FLORDALISO, ALDA  
Address: 5130 LAS VERDES CIR #320  
City-St-Zip: DELRAY BEACH, FL 33484

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL POLLACK

PRES

04/05/2011

Electronic Signature of Signing Officer or Director

Date