

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20567

FILED
Apr 08, 2009
Secretary of State

Entity Name: EMBASSY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1900 CONGRESSIONAL WAY
DEERFIELD BCH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1900 CONGRESSIONAL WAY
DEERFIELD BCH, FL 33442 US

New Mailing Address:

FEI Number: 59-2821016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARVER, JACQUELYN
1805 CONGRESSIONAL WAY
DEERFIELD BEACH, 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: P () Delete
Name: TARVER, JACQUELYN
Address: 1805 CONGRESSIONAL WAY.
City-St-Zip: DEERFIELD BCH, FL 33442

Title: VPD () Delete
Name: BODO, ROY
Address: 2301 CONGRESSION A-L WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD () Delete
Name: AQUILANTE, BILL
Address: 280 CONGRESSIONAL WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD () Delete
Name: TETTERIS, ANGELINE
Address: 2611 CONGRESSIONAL WAY
City-St-Zip: DEERFIELD BCH, 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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGELINE TETTERIS

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date