## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2005 8:00 am Secretary of State

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DOCUMENT # N29025  1. Entity Name THE CENTRE AT PALM BEACH CONDOMINIUM ASSOC., INC.						05 90058 01	6 ****	61.25	
470 COLUMBIA DRIVE 901 WEST PALM BEACH, FL 33409 STE WEST		Mailing Address 901 NORTHPOINT PKWY STE 108 WEST PALM BEACH, FL	901 NORTHPOINT PKWY						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005 Ci	ng-NP	CR2E037 (1	0/03)		
City & State		City & State		4. FEI Number 58-117970	1		-	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		75 Addi Required	tional	
	6. Name and Address of Current	Registered Agent	T-	7. Name and Add	ress of New I	Registered Agent	t		
			Name						
ROBERTS, GEORGE P JR 470 COLUMBIA DR 101C			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
-	M BEACH, FL 33409								
			City			FL	Zip Code		
the obligat	named entity submits this statement fo ions of registered agent.			atorou agorii, or boili, iii	110 01010 0171	orida. Yani idilini	ur • 101, c	ino accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature req	quired when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing	s5.00 May Be Added to Fees		DATE Make check pay rida Departmer			
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check pay rida Departmer	t of Sta	ste	
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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:

URE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/05

561-683-1123

Daytime Phone #