2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29025

FILED Jan 29, 2009 Secretary of State

Entity Name: THE CENTRE AT PALM BEACH CONDOMINIUM ASSOC., INC.

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Current Principal Place of Business:					New Principal Place of Business:			
470 COLUMBIA DRIVE WEST PALM BEACH, FL 33409					470 COLUMBIA DRIVE 101C WEST PALM BEACH, FL 33409			
Current Mailing Address:					New Mailing Address:			
901 NORTHPOINT PKWY STE 307 WEST PALM BEACH, FL 33407 US					1201 US HIGHWAY ONE STE 330 NORTH PALM BEACH, FL 33408 US			
FEI Number:	58-1179701	FEI Nui	nber Applied For()	FEI Num	nber Not Appli	cable ()	Certificat	te of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
ROBERTS, GEORGE P JR 470 COLUMBIA DR 101C WEST PALM BEACH, FL 33409 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: Electronic Signature of Registered Agent								 Date
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ROBERTS, G 470 COLUME WEST PALM	BIA DR 101C			Title: Name: Address: City-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	PEREBOOM	BIA DRIVE S	TE. D 201/202 33409		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D ROSENBERG 470 COLUME WEST PALM	BIA DR A-102			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	SD BENJAMIN, N 470 COLUME WEST PALM	BIA DR	33409		Title: Name: Address: City-St-Zip:	BENJAMIN, 470 COLUM		,

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: GEORGE P ROBERTS PD 01/29/2009