


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N32596</b><br>1. Entity Name<br>601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>% K.M. BURGE<br>643 17TH STREET<br>VERO BEACH, FL 32960 US | Mailing Address<br>% K.M. BURGE<br>643 17TH STREET<br>VERO BEACH, FL 32960 US |
|---|---|



02092005 No Chg-NP CR2E037 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2972392                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>BURGE, K.M.<br>643 17TH STREET<br>SUITE 2 R<br>VERO BEACH, FL 32960 |
|--|

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>KUTSCHINSKI, RONALD C.<br>1826 US HIGHWAY #1<br>VERO BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>RUBINSKI, EDWARD W.<br>637 17TH STREET<br>VERO BEACH, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>BURGE, K.M.<br>643 17TH STREET<br>VERO BEACH, FL               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CUTRIGHT, DAVID<br>641 17TH ST.<br>VERO BCH, FL                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/18/05-80056-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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:  Edward W. Rubinski ✓ **772-567-2111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #