

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90014 035 ****61.25

DOCUMENT # N32596 1. Entity Name 601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 637 17TH ST VERO BEACH, FL 32960 US			Mailing Address POB 369 VERO BEACH, FL 32961-0369 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2127 10th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach FL		4. FEI Number 59-2972392	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
32960		US		02042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent RUBINSKI, EDWARD W 637 17TH ST VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUTSCHINSKI, RONALD C. 1826 US HIGHWAY #1 VERO BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBINSKI, EDWARD W. 637 17TH STREET VERO BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTRIGHT, DAVID 641 17TH ST. VERO BCH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/18/08 772-567-2111 Date Daytime Phone #			