2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N39812

Entity Name: HHH COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6353 W ROGERS CIRCLE
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3760
P.O. BOX 3760
BOCA RATON, FL 33427 US

New Mailing Address:

FEI Number: 65-0251697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNGAR, NANCY
2206 W. ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33445 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: PD ( ) Delete
Name: EDELMAN, DONALD
Address: 6353 W ROGERS CIRCLE, #5
City-St-Zip: BOCA RATON, FL 33487

Title: VD ( ) Delete
Name: VISLOCKY, MICHAEL
Address: 6353 W ROGERS CIRCLE #4
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete
Name: VISLOCKY, ARLENE
Address: 6353 W. ROGERS CIRCLE., #4
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete
Name: NANCY UNGAR,
Address: 2206 W. ATLANTIC AVENUE, #201
City-St-Zip: DELRAY BEACH, FL 33445

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: NANCY UNGAR S 04/16/2008

Electronic Signature of Signing Officer or Director — Date