

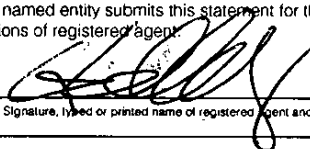
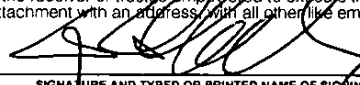


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90383 015 \*\*\*\*61.25

<b>DOCUMENT # N50620</b> 1. Entity Name <b>THE 550 MEMORIAL CIRCLE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% RICHARD S. GRAHAM 411 OCEAN SHORE BLVD ORMOND BEACH, FL 32176</b>			Mailing Address <b>% RICHARD S. GRAHAM 411 OCEAN SHORE BLVD ORMOND BEACH, FL 32176</b>		
2. Principal Place of Business - No P.O. Box # <b>570 Memorial Circle</b> Suite, Apt. #, etc. <b>Suite 300</b>		3. Mailing Address <b>570 Memorial Circle</b> Suite, Apt. #, etc. <b>Suite 300</b>			
City & State <b>Ormond Beach, FL</b>		City & State <b>Ormond Beach, FL</b>		4. FEI Number <b>59-3144649</b>	
Zip <b>32174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRAHAM, RICHARD S. C/O RICHARD S. GRAHAM 411 OCEAN SHORE BLVD ORMOND BEACH, FL 32176</b>				7. Name and Address of New Registered Agent Name <b>G.G. Galloway</b> Street Address (P.O. Box Number is Not Acceptable) <b>570 Memorial Circle, Suite 300</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b>	
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  <b>G.G. Galloway</b> <b>04/25/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, RICHARD S. 411 OCEANSHORE BLVD. ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G.G. Galloway 570 Memorial Circle, Suite 300 Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERSON, SHEDRIC H., JR. 8 BERKLEY RD. ORMOND BY THE SEA, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Edward Schwarz 570 Memorial Circle, Suite 300 Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEESE, DAVID L. 1 WILLOW OAK TRAIL ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, CATHERINE M. 341 FOREST HILLS BLVD ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>G.G. Galloway</b> <b>April 25, 2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		