2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N50620

Entity Name: THE 550 MEMORIAL CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

570 MEMORIAL CIRCLE
SUITE 300
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

570 MEMORIAL CIRCLE
SUITE 300
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3144649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, G.G.
570 MEMORIAL CIRCLE, SUITE 300
ORMOND BEACH, FL 32174 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:	GALLOWAY, G.G.	
Address:	570 MEMORIAL CIRCLE, SUITE 300	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VD	( ) Delete
Name:	SCHWARZ, EDWARD	
Address:	570 MEMORIAL CIRCLE, SUITE 300	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	TD	( ) Delete
Name:	MEESE, DAVID L.	
Address:	1 WILLOW OAK TRAIL	
City-St-Zip:	ORMOND BEACH, FL	
Title:	S	( ) Delete
Name:	LUCAS, CATHERINE M.	
Address:	341 FOREST HILLS BLVD	
City-St-Zip:	ORMOND BEACH, FL	

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: EDWARD SCHWARZ VD 04/27/2009
Electronic Signature of Signing Officer or Director — Date