

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50620

FILED
Apr 14, 2011
Secretary of State

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
Name: GALLOWAY, G.G.
Address: 570 MEMORIAL CIRCLE, SUITE 300
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD
Name: SCHWARZ, EDWARD
Address: 570 MEMORIAL CIRCLE, SUITE 300
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD
Name: MEESE, DAVID L.
Address: 1 WILLOW OAK TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: S
Name: TAUS, CATHERINE C
Address: 550 MEMORIAL CIRCLE SUITE K
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: G.G. GALLOWAY

PD

04/14/2011

Electronic Signature of Signing Officer or Director

Date