


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N50869 1. Entity Name 333 BUILDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O LUCY R. MCCARTNEY 333 TRESSLER DRIVE STUART, FL 34994	Mailing Address C/O ARA HATCHER 595 S.E. NOME DRIVE PORT ST. LUCIE, FL 34984
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03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0379285

Applied
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNDHEIM, FREDERICK G JR.
310 S.W. OCEAN BLVD.
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

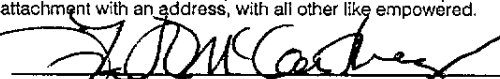
TITLE	DPST
NAME	MCCARTNEY, LUCY R
STREET ADDRESS	45 WEST HIGH POINT RD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	MCCARTNEY, RON
STREET ADDRESS	45 WEST HIGH POINT RD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	HATCHER, ARA
STREET ADDRESS	595 S.E. NOME DR.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/05-80130-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4-22-05 (772) 286-5557