

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N50869

1. Entity Name
333 BUILDING CONDOMINIUM ASSOCIATION, INC.



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**



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0379285

Applied For
☐ 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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
MCCARTNEY, LUCY R
45 WEST HIGH POINT RD.
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCARTNEY, RON
45 WEST HIGH POINT RD.
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HATCHER, ARA
595 S.E. NOME DR.
PORT ST. LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000493149
04/19/06-80094-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06

772-285-9835
Daytime Phone #