2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N50869

1. Entity Name
333 BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LUCY R. MCCARTNEY 333 TRESSLER DRIVE STUART, FL 34994	C/O ARA HATCHER 595 S.E. NOME DRIVE PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

03082008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80043-008 61.25

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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: _____ 4-21-08 (772)285-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #