2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# N94000000846

Entity Name: SOUTHEAST PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

316 SE 3RD STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

590 AMADOR LANE
#7
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-0245620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTIS, JEFFREY N
590 AMADOR LANE
#7
WEST PALM BEACH, FL 33401 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:	VASALLO, ISABEL	
Address:	316 SE 3RD STREET #8C	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	TD	( ) Delete
Name:	DOYLE, SUSAN	
Address:	4643 PINEMORE LANE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	SD	( ) Delete
Name:	DOYLE, SUSAN H	
Address:	4643 PINEMORE LANE	
City-St-Zip:	LAKE WORTH, PA 33463	
Title:	VPD	( ) Delete
Name:	WINDSOR, ARTHUR	
Address:	316 SE 1ST STREET, APT #4B	
City-St-Zip:	BOYNTON BEACH, FL 33435	

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: ISABEL VASSALO P 01/26/2008

Electronic Signature of Signing Officer or Director — Date