


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 028 ****61.25

DOCUMENT # N94000001268			
1. Entity Name TROWBRIDGE C CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1375 GATEWAY BLVD. BOYNTON BEACH FL 33424 US		Mailing Address PO BOX 243214 BOYNTON BEACH FL 33424-3214 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country,	Zip	Country



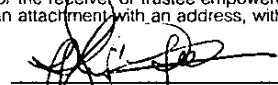
1st MOORE CR2E037 (10/05)

4. FEI Number 65-0542745		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEICHT, VICKI 1375 GATEWAY BLVD. BOYNTON BEACH FL 33426		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIL, JERRY 15342 LAKES OF DELRAY BLVD APT 101 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PHYLIS Pullman <input type="checkbox"/> Change <input type="checkbox"/> Addition 15342 LAKES OF DELRAY Blvd #102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENN, HILDA 15342 LAKES OF DELRAY BLVD APT 99 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY HARRIET ROSENTHAL <input type="checkbox"/> Change <input type="checkbox"/> Addition 15342 LAKES OF DELRAY Blvd #103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELFER, JOE 15342 LAKES OF DELRAY BLVD APT 104 DELRAY BCH. FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. PHILIP KNOBEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 15342 LAKES OF DELRAY Blvd #83
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, HARRIET 15342 LAKES OF DELRAY BLVD., APT 103 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. MARILYN CARMUSIN <input type="checkbox"/> Change <input type="checkbox"/> Addition 15342 LAKES OF DELRAY Blvd #89
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLMAN, PHYLIS 15342 LAKES OF DELRAY BLVD, APT. 102 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS RACHMELL <input type="checkbox"/> Change <input type="checkbox"/> Addition 15342 LAKES OF DELRAY Blvd #111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  PHYLIS Pullman 3/26/06 561-637-3795