## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004290

FILED Feb 05, 2007 Secretary of State

Entity Name: BLOCK 60 PARKING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NTON AVE BEACH, FL 3	33444			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NTON AVE BEACH, FL 3	33444			
FEI Number	: 65-0637078	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Ager	nt: Name and Address	of New Registered Agent:	
	A, DIANE NTON AVE BEACH, FL 3	33444 US			
	e named entit e of Florida.	y submits this statement for	the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
	Electr	onic Signature of Registere	d Agent	Date	
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WHEAT, FRA 20 N SWINTO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	GOGREVE, D 20 N SWINTO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GOGREVE, I 20 N SWINTO DELRAY BEA D COHEN, STE 20 N SWINTO	OONNA DN AVE ACH, FL 33444 ( ) Delete VEN	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	GOGREVE, I 20 N SWINTO DELRAY BEA  D COHEN, STE 20 N SWINTO DELRAY BEA  C HARDEN, DA 100 NW 1 AV	OONNA DN AVE ACH, FL 33444  ( ) Delete VEN DN AVE ACH, FL 33444  ( ) Delete NA	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	GOGREVE, I 20 N SWINTO DELRAY BEA  COHEN, STE 20 N SWINTO DELRAY BEA  C HARDEN, DA 100 NW 1 AV DELRAY BEA  S COLONNA, I 20 N SWINTO	OONNA DN AVE ACH, FL 33444  ( ) Delete VEN DN AVE ACH, FL 33444  ( ) Delete NA VE ACH, FL 33444  ( ) Delete NA VE ACH, FL 33444	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE COLONNA EXEC 02/05/2007