2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90060 003 ****61.25

DOCUMENT # N98000004476

1. Entity Name
2900 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
160 SE 29 ST FORT LAUDERDALE, FL 33316	160 SE 29 ST FORT LAUDERDALE, FL 33316

04072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0978129 ☐ Applied For ☐ Not Applicab

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, RONALD R 140 SE 29TH STREET FORT LAUDERDALE, FL 33316	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 accep the obligations of registered agent.

SIGNATURE Ronald Martin 4-11-08

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, RONALD R 140 SE 29 ST FORT LAUDERDALE, FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAWTHORNE, JEFF 180 S.E. 29TH ST FT. LAUDERDALE, FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	180 S.E. 29TH ST	☑ Change ☐ Additi
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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 i changed, or on an attachment with an address, with all other like empowered. TREASURER, 2900 ASSOCIATION, INC.

SIGNATURE: Keith Parker KEITH PARKER 4 April 2008 954-524-2622