

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006348

FILED
Apr 20, 2009
Secretary of State

Entity Name: BROKEN SOUND CORPORATE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6800 BROKEN SOUND PKWY
STE 200
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6800 BROKEN SOUND PKWY
STE 200
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0876293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, MARC H
6800 BROKEN SOUND PKWY
STE 200
BOCA RATON, FL 33487 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: BELL, MARC H
Address: 6800 BROKEN SOUND PKWY, STE 200
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: ASHER, PAUL
Address: 6800 BROKEN SOUND PKWY, STE 200
City-St-Zip: BOCA RATON, FL 33487

Title: DV () Delete
Name: MYERS, JOY
Address: 301 S NEW YORK AVE STE 200
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: COLLUCI, LARA
Address: 15430 JOG ROAD STE 215
City-St-Zip: DELRAY BEACH, FL 33446

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: MARC H BELL

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date