

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005580

1. Entity Name

560 CENTER STREET CONDOMINIUM ASSOCIATION, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90037 005 ****61.25

Principal Place of Business	Mailing Address
560 CENTER STREET JUPITER FL 33458	560 CENTER STREET JUPITER FL 33458-4321

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0963351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANDERSON, DON 560 CENTER STREET JUPITER FL 33458

7. Name and Address of New Registered Agent
Name Pamela Conner
Street Address (P.O. Box Number is Not Acceptable) 560 Center St.
City Jupiter
FL Zip Code 33458

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.
SIGNATURE Don Anderson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4-20-00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/7/00	561-744-2233
		Date	Daytime Phone #

CR2E037 (9/99)