

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005580

1. Entity Name

560 CENTER STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

560 CENTER STREET
JUPITER FL 33458

Mailing Address

560 CENTER STREET
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963351

Applied For

Not Applicable

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Pay, stated Agent's fee required when releasing)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CONNER, DAVID C 560 CENTER STREET JUPITER FL 33458 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CONNER, PAMELA J 560 CENTER STREET JUPITER FL 33458 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ANDERSON, DON 560 CENTER STREET JUPITER FL 33458 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PVST ANDERSON, DON 560 CENTER STREET JUPITER FL 33458 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DAVID CONNER Trustee 18110 APRIL LN JUPITER, FL 33458 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Pamela Conner 18110 APRIL LN JUPITER, FL 33458 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Trustee Riley Conner 18110 APRIL LN JUPITER, FL 33458 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-11-2001 90043 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4.27.01 561-7442-233