


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90201 035 \*\*\*\*61.25

<b>DOCUMENT # N04000007178</b>					
1. Entity Name PYRAMID PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3550 WORK DRIVE FORT MYERS, FL 33916			Mailing Address 7980 SUMMERLIN LAKES DRIVE SUITE 201 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-1404967	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RE/MAX REALTY GROUP 7980 SUMMERLIN LAKES DRIVE SUITE 201 FORT MYERS, FL 33907			Name <i>RE/MAX EDGE - C/O BOBACK COMMERCIAL GROUP</i> Street Address (P.O. Box Number is Not Acceptable) <i>13420 PARKER COMMONS BLVD.</i> <i>SUITE 106</i> City <i>FT. MYERS</i> FL Zip Code <i>33912</i>		
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 accept the obligations of registered agent.					
SIGNATURE <i>James E. Boback</i>		JAMES E. BOBACK		2-26-08	
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. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RAFAEL		NAME	<i>PEREZ RAFAEL</i>	
STREET ADDRESS	3550 WORK DRIVE A-12		STREET ADDRESS	<i>3550 WORK DRIVE A-12</i>	
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY-ST-ZIP	<i>FT. MYERS, FL 33916</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DONALD W		NAME		
STREET ADDRESS	8420 GLENNFINNAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<i>THOMAS, CHARLES</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLES		NAME	<i>959 IRIS DRIVE</i>	
STREET ADDRESS	959 IRIS DRIVE		STREET ADDRESS	<i>FT. MYERS, FL 33903</i>	
CITY-ST-ZIP	FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<i>HUDAK, MARTIN</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDAK, MARTIN		NAME	<i>3550 WORK DRIVE B-5</i>	
STREET ADDRESS	3550 WORK DRIVE B-5		STREET ADDRESS	<i>FORT MYERS, FL 33916</i>	
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARELA, ALEX		NAME		
STREET ADDRESS	3550 WORK DRIVE B3-4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	