
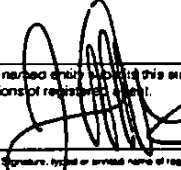
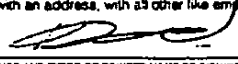


FILED
Jun 16, 2006 8:00 am
Secretary of State

04-21-2006 90111 013 ***61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

66019185

DOCUMENT # N04000008144			
1. Entity Name GLOBAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1650 ARABIAN DRIVE LOXAHATCHEE, FL 33470		Mailing Address 1650 ARABIAN DRIVE LOXAHATCHEE, FL 33470	
2. Principal Place of Business 3461-B Fairlane Farms Rd Suite, Apt. #, etc.		3. Mailing Address 3461-B FAIRLANE FARMS RD Suite, Apt. #, etc.	
City & State Wellington FL		City & State WELLINGTON, FL	
Zip 33414		Zip 33414	
Country USA		Country USA	
4. FEI Number 20-3128002		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 DALSGAARD, KENNETH 1650 ARABIAN DRIVE LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: NEWSOME, JOHN Street Address (P.O. Box Number is Not Acceptable): WELLINGTON MANAGEMENT INC 3461-B FAIRLANE FARMS RD City: WELLINGTON FL Zip Code: 33414	
8. The above named entity adopts 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: 		DATE: 5/4/06	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GUYN, JAMES 1650 ARABIAN DRIVE LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DALSGAARD, KENNETH 1650 ARABIAN DRIVE LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEASER EZRATTY, MICHAEL 3400 Thoroughbred Run LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	see. Bill. TDIC JOHN FRED 14745 HORSESHOE TRACE WELLINGTON, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4-12-06 561-795-7767	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	