2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2007 8:00 am Secretary of State DOCUMENT # N04000009773 1. Entity Name 02-19-2007 90055 019 ****61.25 DELANEY COURT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 11 W HARDING STREET 1509 E JEFFERSON ST ORLANDO FL 32801 ORLANDO FL 32806 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 20-2560686 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HELLER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1509 E JEFFERSON ST ORLANDO FL 32801 City 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. I am familiar with, and accept the obligations of registered agont. SIGNATURE (NOTE fregistered Agent signature required when reinstitling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition IIIIE Delete HILE Paul Taraba NAME NAME TARABA, PAUL 11 W. Harding Street UnitA STREET ADDRESS STREET ADDRESS 2918 JEFFERSON STREET ORLANDO FL 32803 CITY ST 7IP CITY SI-ZIE Addition TITLE Delete TITLE NAMI NAMI HELLER, STEVEN STREET ADDRESS STREET ADDRESS 1509 EAST JEFFERSON STREET CHY SI-70 CITY ST ZIP ORLANDO FL 32801 Delete Addition 11111 NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 7/P CHY ST 7IP Delete Ши HITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY-ST-7IP ☐ Delete ШП ☐ Change Addition TIDE NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP DILE TITLE Delete ☐ Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP

hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED