2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# N05000001377

Entity Name: 203 MIRACLE STRIP PARKWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

909 MAR WALT DRIVE SUITE 1014
FT WALTON BEACH, FL 325476711

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DRIVE SUITE 1014
FT WALTON BEACH, FL 325476711

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DRIVE SUITE 1014
FT WALTON BEACH, FL 325476711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUELLER, KURT
Address: 701 LEE STREET SUITE 1000
City-St-Zip: DES PLAINES, IL 60016

Title: VD ( ) Delete
Name: EVANS, BLANE
Address: 701 LEE STREET SUITE 1000
City-St-Zip: DES PLAINES, IL 60016

Title: STD ( ) Delete
Name: BORY, JUDY
Address: 156 WEST 56TH STREET SUITE 1604
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH BORY S 07/14/2006

Electronic Signature of Signing Officer or Director — Date