

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002993

FILED
Feb 26, 2008
Secretary of State

Entity Name: 1196, UNIT 7 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

899 OUTER RD
STE C
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

899 OUTER RD
STE C
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 47-0960112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, C WILLIAM
3525 W LAKE MARY BLVD SUITE 306
LAKE MARY, FL 327463461 US

Name and Address of New Registered Agent:

MCNAMARA, KIMBERLY
899 OUTER ROAD SUITE C
ORLANDO, FL 32819 US

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: KIMBERLY MCNAMARA 02/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HARKINS, C WILLIAM
Address: 3525 W LAKE MARY BLVD SUITE 306
City-St-Zip: LAKE MARY, FL 327463461

Title: DS () Delete
Name: HARKINS, MATT
Address: 3525 W LAKE MARY BLVD SUITE 306
City-St-Zip: LAKE MARY, FL 327463461

Title: DV () Delete
Name: VINACKE, AL
Address: 3525 W LAKE MARY BLVD SUITE 306
City-St-Zip: LAKE MARY, FL 327463461

Title: V () Delete
Name: MCNAMARA, KIMBERLY
Address: 899 OUTER ROAD., STE C
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: RASH, LARRY
Address: 899 OUTER ROAD SUITE B
City-St-Zip: ORLANDO, FL 32819

Title: DS (X) Change () Addition
Name: RASH, MARK
Address: 899 OUTER ROAD SUITE B
City-St-Zip: ORLANDO, FL 32814

Title: DV (X) Change () Addition
Name: MCNAMARA, VICTOR
Address: 899 OUTER ROAD SUITE C
City-St-Zip: ORLANDO, FL 32814

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

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY MCNAMARA V 02/26/2008
Electronic Signature of Signing Officer or Director Date