


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-03-2006 90108 015 ****61.25

DOCUMENT # N05000003668			
1. Entity Name PROMENADE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 61 WEST COLONIAL DRIVE ORLANDO, FL 32801		Mailing Address 61 WEST COLONIAL DRIVE ORLANDO, FL 32801	
2. Principal Place of Business		3. Mailing Address	
5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819		5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHOEMAKER, JOHN B 61 WEST COLONIAL DRIVE ORLANDO, FL 32801		Name Street Add City	
		Community Management Professionals, Inc. 5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819	
		City	
		Orlando, FL 32819	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	PD SHOEMAKER, JOHN B 61 WEST COLONIAL DRIVE ORLANDO, FL 32801 <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	SD FANIEL, SYLVIA 61 WEST COLONIAL DRIVE ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Diane Catlin 6312 Buford St. Unit 709 Orlando, FL 32835 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, ODED 61 WEST COLONIAL DRIVE ORLANDO, FL 32801 <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
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: _____		ODED COHEN 407-294-7931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66005761



01192006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-2656581 Applied For Not Applicable

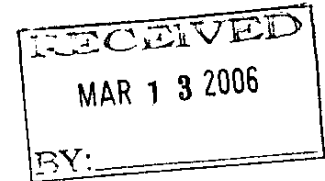
5. Certificate of Status Desired \$8.75 Additional Fee Required



ATTACHMENT

66005761

FLORIDA DEPARTMENT OF STATE
Division of Corporations



March 7, 2006

PROMENADE CONDOMINIUM ASSOCIATION, INC.
5401 S KIRKMAN RD, STE 450
ORLANDO, FL 32819

Subject: **PROMENADE CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N05000003668**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION