


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90071 041 \*\*\*\*61.25

DOCUMENT # N05000003668					
1. Entity Name PROMENADE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		Mailing Address 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2656581	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, JOHN B		NAME	DOBEL, NICHOLAS	
STREET ADDRESS	61 WEST COLONIAL DRIVE		STREET ADDRESS	6312 BUFORD ST, # 707E	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATLIN, DIANE		NAME	SPIER, DEBORAH	
STREET ADDRESS	6312 BUFORD ST UNIT 709		STREET ADDRESS	36744 ALAQUA CT.	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	DOVER, FL 32736	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, ODED		NAME	CUMMINGS, MARGIE	
STREET ADDRESS	61 WEST COLONIAL DRIVE		STREET ADDRESS	6312 BUFORD ST, 401E	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KASPER, WILLIAM	
STREET ADDRESS			STREET ADDRESS	P.O. Box 22213	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ABRAMS, MIGUEL	
STREET ADDRESS			STREET ADDRESS	6336 BUFORD ST, # 305W	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another like empowered.					
SIGNATURE: _____			Date: 3/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40001007



01172007 Chg-NP CR2E037 (12/06)