
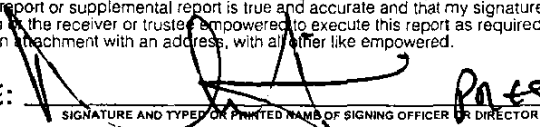


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90208 021 ****61.25

DOCUMENT # N05000003668							
1. Entity Name PROMENADE CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 860 NORTH ORANGE AVENUE SUITE 135 ORLANDO, FL 32801			Mailing Address 860 NORTH ORANGE AVENUE SUITE 135 ORLANDO, FL 32801				
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			7. Name and Address of New Registered Agent				
WONSETLER, KAREN P.A. 860 N. ORANGE AVENUE SUITE 135 ORLANDO, FL 32801			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			State				
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, 2008		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	DOUEL, NICHOLAS		NAME	ABI NAKHJAVANI			
STREET ADDRESS	6312 BUFORD ST #707E		STREET ADDRESS	6336 BUFORD ST #802			
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SPIEER, DEBORAH		NAME	ADRIAN PORTER			
STREET ADDRESS	36744 ALAQJA CT		STREET ADDRESS	6336 BUFORD ST #209			
CITY-ST-ZIP	EUSTIS, FL 32736		CITY-ST-ZIP	ORLANDO FL 32835			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CUMMINGS, MARGIE		NAME	JUNE SOLOMON			
STREET ADDRESS	6312 BUFORD ST 401E		STREET ADDRESS	6336 BUFORD ST #301			
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASPER, WILLIAM		NAME				
STREET ADDRESS	PO BOX 22213		STREET ADDRESS				
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMA, MIGUEL		NAME				
STREET ADDRESS	6336 BUFORD ST #305W		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP				
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 all other like empowered.							
SIGNATURE: 			Date: 4/28/08 (407) 936-5600				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				