

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90039 025 ****61.25

DOCUMENT # N05000003696

1. Entity Name
IMAGES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5299 IMAGES CIRCLE
 KISSIMMEE, FL 34746**

Mailing Address
**5299 IMAGES CIRCLE
 KISSIMMEE, FL 34746**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2873890	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE CONTINENTAL GROUP, INC
 2950 N. 28TH TERRACE
 HOLLYWOOD, FL 33020**

**DO NOT WRITE
 IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	A BRADFORD, CHARLES <i>Vice President</i> 5275 IMAGES CIRCLE #303 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X NELSON, DEBORAH <i>President</i> 5263 IMAGES CIRCLE #206 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WIELHOUSER, DANIEL 5283 IMAGES CIRCLE #303 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: *Deborah A. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07
Date

407 396 1255
Daytime Phone #