

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2009  
Secretary of State**

DOCUMENT# N05000003696

Entity Name: IMAGES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5299 IMAGES CIRCLE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

5299 IMAGES CIRCLE  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 20-2873890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWELL, PATRICK C  
850 CONCOURSE PARKWAY SOUTH, SUITE 105  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: MERIDA, JOSE  
Address: 5263 IMAGES CIRCLE #207  
City-St-Zip: KISSIMMEE, FL 34746

Title: P      ( ) Delete  
Name: NELSON, DEBORAH  
Address: 5263 IMAGES CIRCLE #206  
City-St-Zip: KISSIMMEE, FL 34746

Title: S/T      ( ) Delete  
Name: WIELHOUWER, CHRISTA  
Address: 5283 IMAGES CIRCLE #303  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DEBORAH NELSON

P

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date