FILED
Mar 26, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008768

1. Entity Name
S.C.O CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

Mailing Address
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3370321
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801

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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

Filing Fee is $61.25
Due by May 1, 2008

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

U000008704 20
04/09/08-80089-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHOEMAKER, JOHN B
STREET ADDRESS	61 WEST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	SD
NAME	HUMPHRESS, DANIEL
STREET ADDRESS	100 S. EOLA DR #1503
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD
NAME	COHEN, ODED
STREET ADDRESS	61 WEST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: ______________________________ 2/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #