



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90094 027 ****70.00

DOCUMENT # N05000009894			
1. Entity Name 1377 SOUTH LEAVITT AVENUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 690 A EAST RHODE ISLAND AVENUE ORANGE CITY, FL 32763		Mailing Address 690 A EAST RHODE ISLAND AVENUE ORANGE CITY, FL 32763	
2. Principal Place of Business 1377 S. Leavitt Ave		3. Mailing Address Same	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc.	
City & State Orange City, FL		City & State	
Zip 32763		Country USA	
4. FEI Number 59-3821977		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOOKER, KIM C 2582 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763		Name Street Address (P.O. Box Number is Not Acceptable) 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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TERRY C 690 A EAST RHODE ISLAND AVENUE ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sean Berry 1377 S. Leavitt Unit 101 Orange City, FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLIZZI, LYNNEA M 1377 UNIT 103 & 104, S. LEAVITT AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Luana P. Alicea 1377 S. Leavitt Ave. Unit 102 Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERRY, SEAN 1377 UNIT 101 S. LEAVITT AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 3-9-06 Daytime Phone #: 386-774-8244	