

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122006 Chg-NP CR2E037 (4/06)

DOCUMENT # N05000011573			
1. Entity Name 8200 RESORT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811		Mailing Address 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811	
2. Principal Place of Business 8200 Palm Parkway Suite, Apt. #, etc.		3. Mailing Address 8200 Palm Parkway Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32836	Country USA	Zip 32836	Country USA
4. FEI Number 20-3966894		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 VALBH, ANIL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Jyoti Nanji Street Address (P.O. Box Number is Not Acceptable) 8200 Palm Parkway City Orlando FL Zip Code 32836	
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 <u>Jyoti Nanji</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 10/18/06	
Amended AR is \$61.25		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	PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Raymond Crouse 5353 Conroy Road, Suite 200 Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PILLAY, SHEILA 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   100081083581 10/20/06--01067--001 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAFEEZ, REENATOL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Jacqueline Rene' Searcy 5353 Conroy Road, Suite 200 Orlando, FL 32811 <input checked="" 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	B 10/27/06 <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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/18/06	
		<small>Daytime Phone #</small>	