

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005884 ✓ 1. Entity Name NW 46 PROPERTY OWNERS' ASSOCIATION, INC. ✓		
Principal Place of Business 600 E. COLONIAL DR., STE. 100 ✓ ORLANDO FL 32803		Mailing Address 600 E. COLONIAL DR., STE. 100 ✓ ORLANDO FL 32803
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country	4. FEI Number 59-3569481 ✓	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable \$8.75 Additional Fee Required




1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SCHRIMSHER, J STEVEN ✓ 600 E. COLONIAL DR., STE. 100 ORLANDO FL 32803		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reconstituting)</small>	

FILE NOW: FEE IS \$61.25 ✓ Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SCHRIMSHER, J. STEVEN ✓ <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 E. COLONIAL DR., STE. 100	NAME	U00000632513
STREET ADDRESS	ORLANDO FL 32803	STREET ADDRESS	02/21/07-80026-007 61.25
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	D ✓ <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRIMSHER, FRANK L	NAME	
STREET ADDRESS	600 E. COLONIAL DR., STE. 100	STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL 32803	CITY-STATE-ZIP	
TITLE	D ✓ <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFE, JOHN M JR	NAME	
STREET ADDRESS	427 S. NEW YORK AVENUE	STREET ADDRESS	
CITY-STATE-ZIP	WINTER PARK FL 32789	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **J. Steven Schrimsher** 2-10-07 407-423-7600