
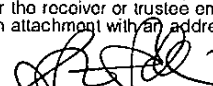


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3569481 ✓	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW: FEE IS \$61.25 ✓ Due By May 1, 2007 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> <div style="width: 10%; text-align: center;"> Make Check Payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHRIMSHER, J. STEVEN ✓ 600 E. COLONIAL DR., STE. 100 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000632513 02/21/07-80026-007 61.25	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHRIMSHER, FRANK L ✓ 600 E. COLONIAL DR., STE. 100 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RIFE, JOHN M JR ✓ 427 S. NEW YORK AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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					