2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 08:00 AM Secretary of State **DOCUMENT # 728137** 1. Entity Name 1200 PARK AVENUE ASSOCIATION, INC. Principal Place of Business Mailing Address 2001 LEE RD SUITE A WINTER PARK FL 32789 2001 LEE RD SUITE A WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3316878 Not Applicable Zip Country Zιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, W. THEODORE II Street Address (P.O. Box Number is Not Acceptable) 2001 LEE RD SUITE A WINTER PARK FL 32789 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signal tire required when reinstating) OATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE BILE ☐ Delete Change Addition SCHWARTZ, W. THEODORE II NAME NAME 2001 LEE RD SUITE A STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY ST-7IE CITY-ST-ZIP ☐ Delete TITL F ☐ Change TITLE Addition NAME NAME 1100000427446 STREET ADDRESS STREET ADDRESS 02/21/04-80007-017 61.25 CITY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7/P

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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.