

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09947

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: 4300 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4300 SO ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4312 SO ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-2935404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURGESS, KENNETH R  
896 OYSTER QUAY  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: DEFEO, MARION  
Address: 4306 S. ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P ( ) Delete  
Name: BURGESS, KENNETH  
Address: 896 OYSTER QUAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP ( ) Delete  
Name: BLAIS, ROBERT  
Address: 892 OYSTER QUAY  
City-St-Zip: N.S.B., FL 32169

Title: D ( ) Delete  
Name: CANCELLERI, LEONARD  
Address: 5 CHARLES COURT  
City-St-Zip: EDISON, NJ 08820

Title: S ( ) Delete  
Name: PORTER, FAWN F  
Address: 898 OYSTER QUAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH R BURGESS

PRES

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date