

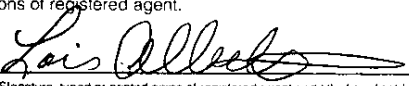
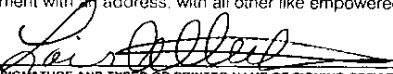


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 048 ****61.25

DOCUMENT # 723055 1. Entity Name INGRAHAM HOUSE CONDOMINIUM ASSOCIATION, INC, THE					
Principal Place of Business 1002 INGRAHAM AVE C/O CHRIS KENNELLY DELRAY BCH, FL 33483 US			Mailing Address 1002 INGRAHAM AVE C/O C S KENNELLY DELRAY BCH, FL 33483 US		
2. Principal Place of Business - No P.O. Box # 1002 Ingraham Ave Suite, Apt. #, etc. c/o Lois Albertson City & State Delray Beach, FL Zip 33483		3. Mailing Address 1002 Ingraham Ave Suite, Apt. #, etc. c/o Lois Albertson City & State Delray Beach, FL Zip 33483			
Country USA		Country USA		4. FEI Number 59-2234193 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CHRIS KENNELLY 1002 INGRAHAM AVE #4 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Lois Albertson Street Address (P.O. Box Number is Not Acceptable) 1002 Ingraham Ave. #3 City Delray Beach FL Zip Code 33483		
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 4/6/07 <small>(NOTE: Registered Agent signature required when reconstituting)</small>		
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALBERTSON, LOIS 1002 INGRAHAM AVE #3 DELRAY BCH., FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lois Albertson 1002 Ingraham Ave, #3 Delray Beach, FL 33483
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNELLY, CHRISTOPHER 1002 INGRAHAM AVE., #4 DELRAY BEACH, FL	<input checked="" 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	ST LIPSTEIN, A.J. 1002 INGRAHAM AVE. #1 DELRAY BCH., FL 33483	<input checked="" 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	D SCHOFIELD, RICHARD 1002 INGRAHAM AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Schofield 1002 Ingraham Ave, #2 Delray Beach, FL 33483
				<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	
				<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/6/07 361-573-0037 <small>Date Daytime Phone #</small>		