## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #723662**

1. Entity Name ANDÁLUCIA APARTMENTS CONDOMINIUM



Principal Place of Business 190 N WESTMONTE DR **STE 100** 

2. Principal Place of Business

Suite, Apt. #, etc.

ALTAMONTE SPRINGS, FL 32714

ASSOCIATION, INC.

٦,

Mailing Address

3. Mailing Address

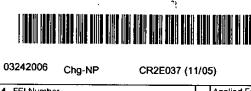
Suite, Apt. #, etc.

190 N WESTMONTE DR

STE 100

ALTAMONTE SPRINGS, FL 32714

60028483



**FILED** 

Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90093 042 \*\*\*\*61.25

City & State City & State 4. FEI Number 59-1491722 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPBELL, MARILYN **CENTRAL PROPERTY MANAGEMENT** Street Address (P.O. Box Number is Not Acceptable) 190 N. WESTMONTE DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32714

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			City	FL Zip Code
the obliga	e named entity submits this statement for the pur tions of registered agent.	rpose of changing its	registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE	: Registered Agent signs	alture required when reinstating) DATE
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C		\$5.00 May Be Added to Fees Florida Department of State
10.	OFFICERS AND DIRECTOR	S	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, ALAN 535 N. INTERLACHEN AVE. #107 WINTER PARK, FL 32789	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Magyar, Patricia Change Praddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, MAJORIE E 535 N INTERLACHEN AVE #204 WINTER PARK, FL 32789	D Delcte	TITLE NAME STHEET AUDRESS CITY-ST-ZIP	Hall, Jane Gadition Hall, Jane 535 N. Interlachen Ave # 207 winter Park, FC 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOGAN, YVONNE 535 N. INTERLACHEN AVE #307 WINTER PARK, FL 32789	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Change DAddition Carey, Renee Basson. Friterlachen Ave #208 Winter Park FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAESEL, NANCY PO BOX 508 WINTER PARK, FL 32790	L Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOUTTON, BERNETTA A 535 N. INTERLACHEN AVE. #101 WINTER PARK, FL 32789	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this filling	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Saturia Magyar
SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR