

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

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

DOCUMENT # 723662

1. Entity Name
**ANDALUCIA APARTMENTS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**190 N WESTMONTE DR
STE 100
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**190 N WESTMONTE DR
STE 100
ALTAMONTE SPRINGS, FL 32714 US**

60028483



2. Principal Place of Business		3. Mailing Address		03242006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1491722	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL, MARILYN CENTRAL PROPERTY MANAGEMENT 190 N. WESTMONTE DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32714		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD
NAME	MORRISON, ALAN	NAME	magyar, Patricia
STREET ADDRESS	535 N. INTERLACHEN AVE. #107	STREET ADDRESS	201 Thatch Palm Ct.
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Indian Harbor Beach, FL 32937
TITLE	D	TITLE	VD
NAME	ROBERTS, MAJORIE E	NAME	Hall, Jane
STREET ADDRESS	535 N INTERLACHEN AVE #204	STREET ADDRESS	535 N. Interlachen Ave #207
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Winter Park, FL 32789
TITLE	SD	TITLE	S/T/D
NAME	HOGAN, YVONNE	NAME	Carey, Renee
STREET ADDRESS	535 N. INTERLACHEN AVE #307	STREET ADDRESS	535 N. Interlachen Ave #208
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Winter Park FL 32789
TITLE	TD	TITLE	
NAME	BAESEL, NANCY	NAME	
STREET ADDRESS	PO BOX 508	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32790	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	MOULTON, BERNETTA A	NAME	
STREET ADDRESS	535 N. INTERLACHEN AVE. #101	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Patricia Magyar* **4/14/06** **321/773-8751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #