# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2008 8:00 am**
**Secretary of State**
04-14-2008 90040 018 ****61.25

400067559

DOCUMENT # 723662

1. Entity Name
ANDALUCIA APARTMENTS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 190 N WESTMONTE DR<br>STE 100<br>ALTAMONTE SPRINGS, FL 32714 US | 190 N WESTMONTE DR<br>STE 100<br>ALTAMONTE SPRINGS, FL 32714 US |

03192008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 860 North S.R 434 | 860 North S.R 434 |
| Suite, Apt. #, etc.: Suite 1009 | Suite, Apt. #, etc.: Suite 1009 |
| City & State: Altamonte Springs, FL | City & State: Altamonte Springs, FL |
| Zip: 32714 Country: USA | Zip: 32714 Country: USA |

4. FEI Number 59-1491722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAMPBELL, MARILYN
CENTRAL PROPERTY MANAGEMENT
190 N. WESTMONTE DRIVE, SUITE 100
ALTAMONTE SPRINGS, FL 32714

**7. Name and Address of New Registered Agent**

Name: Campbell, Marilyn
Street Address (P.O. Box Number is Not Acceptable): Central Property Management, Inc.
860 North. S.R. 434, Suite 1009
City: Altamonte Springs FL Zip Code: 32714

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: Marilyn Campbell 3/25/08
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, 2008**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MAGYAR, PATRICIA<br>201 THATCH PALM COURT<br>INDIAN HARBOR BEACH, FL 32937 | ☑ Delete | P<br>mcclendon, Grady<br>535 N. Interlachen Ave #106<br>Winter Park, FL 32789 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HALL, JANE<br>535 NORTH INTERLACHEN AVENUE SUITE 207<br>WINTER PARK, FL 32789 | ☐ Delete | V.P.<br>Eriksson, Linda<br>535 N. Interlachen ave #303<br>Winter Park, FL 32789 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>CAREY, RENEE<br>535 NORTH INTERLACHEN AVENUE SUITE 208<br>WINTER PARK, FL 32789 | ☑ Delete | S<br>Driscoll, Pam<br>535 N. Interlanchend Ave #201<br>Winter Park, FL 32789 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | S<br>Soule, Robert<br>535 N. Interlachen Ave #202<br>Winter Park, FL 32789 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>Hall, Jane<br>535 Interlachen Ave #207<br>Winter Park, FL 32789 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** Janet Lee 08 Apr. 08 407-629-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #