2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State **DOCUMENT # 724674** 1. Entity Name 05-01-2006 90317 048 ****61.25 THE ZODIAC CONDOMINIUM APARTMENTS INC. Principal Place of Business Mailing Address 3761 S. ATLANTIC AVE. DAYTONA BEACH FL 32127 3761 S. ATLANTIC AVE. DAYTONA BEACH FL 32127 3. Mailing Address 376 / S 2. Principal Place of Business 3761 S. ATLANTIC Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For DAYTOWA 59-1587756 AYTONA Not Applicable \$8.75 Additional 5. Certificate of Status Desired OLUSIA الالا Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAGERMAN, KAREN J Street Address (P.O. Box Number is Not Acceptable) 3761 S ATLANTIC UNIT 2 DAYTONA BEACH: SHORES FL 32118 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 (NOTE: Registered Agent signatoru required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE THILE Addition LAERA, JOY LAERA, RALPH NAME NAME. 906 ARABIAN AV. 906 ARABIAN AVE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP WINTER SPRINGS FL 32708 WINTER SPRINGS, FL 32708 CITY-ST-7IP TITLE ☐ Delete TITLE Change Change Addition HAGERMAN, KAREN J NAME NAME 3761 S ATLANTIC, UNIT 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP BILLIE BAILEY, SEC. 215 CYPRESS DR. ŞD Delete Change TITLE TITLE Addition NAME FORNES, JOE NAME 3812 RANKIN FERRY LOOP STREET ADDRESS STREET ADDRESS KINGSLAND, GA 31548 LOUISVILLE TN 37777 CITY-ST-7IP CITY-ST-7IP ☐ Delete THUE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THUE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attact ment with an address with all other like empowered.

SIGNATURE:

FILED