2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2008 8:00 am **Secretary of State DOCUMENT # 724674** 1. Entity Name 03-07-2008 90045 045 ****61.25 THE ZODIAC CONDOMINIUM APARTMENTS INC. Principal Place of Business Mailing Address 3761 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 3761 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 906 Arabian Ave Suite Apr # etc. Suite, Apt. #, etc. CR2E037 (10/07) 1st MOORE City & State 4. FEI Number Applied For 59-1587756 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32*708* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .AErA HAGERMAN, KAREN J ess (P.O. Box Number is Not Acceptable) A CAbiam AVE 3761 S ATLÁNTIC UNIT 2 DAYTONA BEACH SHORES FL 32118 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to: \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition RALPH, LAERA NAME NAME 906 ARABIAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIÉ VTD Delete TITLE TITLE Addition ☐ Change HAGERMAN, KAREN J NAME MARTHYN Ullrich NAME STREET ADDRESS 3761 S ATLANTIC, UNIT 2 STREET ADDRESS BI Oridewood LANE DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP CITY-ST-ZIP LONGWOOM, FL 32779 SD TITLE ☐ Delete TITLE ☐ Change Control Addition BAILEY, BILLIE NAME NAME STREET ADDRESS 215 CYPRESS DR. STREET ADDRESS KINGSLAND GA 31548 CITY-ST-7IP CITY+ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. I 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 attraction with an address, with all other like empowered.

SIGNATURE:

RAID T. LAETA 2/25/08 407-3653650