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

FILED Feb 22, 2006 8:00 am Secretary of State

DOCUMENT # 725646 01-26-2006 90041 043 ****61.25 1. Entity Name PARK AVENUE VILLAS CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 2318 S PARK AVE SANFORD FL 32771 2318 S PARK AVE SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 59-2159268 Not Applicable Zio Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VOSS, SARAH 2304 S. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 City 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. Masurer (NOTE: Pagistered Agent signature reciered when reinteding) DATE FILE NOW: FEE:IS \$61.25 Due By May 1, 2006 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DUF ☐ Change ☐ Add:tion TITLE Delete DEPE. RUTH NAME 2314 S. PARK AVE. STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Add-tion VOSS, SARA 204 S. PARK AVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change TITLE NAME MARTINO, ANNA NAME STREET ADDRESS 2318 S PARK AVE. STREET ADDRESS CITY ST-ZIP SANFORD FL 32771 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7/P ☐ Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Defete ☐ Addition MAME 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 Section 1.19. 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 affect 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

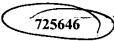


January 31, 2006

PARK AVENUE VILLAS CONDOMINIUM ASSOCIATION, INC. 2318 S PARK AVE SANFORD, FL 32771 US

Subject: PARK AVENUE VILLAS CONDOMINIUM ASSOCIATION, INC.

Reference Number:



Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION