2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

Applied Formation Place of Business No PO, Box 2.18 Mailing Address 2.18 M STATE RD 44.5 TE 5000 1.0MGWOOD, FL 32779	1. Entity Nam	MENT # 743931 ONIES CONDOMINIUM A	SSOCIATION, INC.				03-31-200	8 90016 013 *	***61	1.25
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Suite. Apt.	2180 W STATE RD 434 STE 5000 2180 W STATE RD 434 ST					1 1051/5 1801/ 67068 171/0 10/08 (110) 1701/ 6701/ 6701/ 6701/ 6701/ 6701/ 6701/ 6701/ 6701/				
City & State Country City & State Ci	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Special Country Zip Country Special Special Country Sp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03122008	Chg-NP	CR2E037 (12	(06)	
S. Cerlincian of Status Delete Fee Required	City & State		City & State	City & State						
HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 W. STATE RD. 434, SUITE 5000 LONGWOOD, FL 32779 6. 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 Symatric lipid to printed name of registered signal and size if specialists and size of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the	Zip Country		Zip	Zip Country		5 Cartificate of Status Desired \$8.75 Additional				
SERITRY MANAGEMENT, INC. 2180 W. STATE RD. 434, SUITE 5000 LONGWOOD, FL 32779 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent		
### Bounds Allow Bounds this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signature Types of printed name of tragetacers agent and title if applicable ### Filling Fee is \$61.25 ### Due by May 1, 2008 ### PD ### Defices AND DIRECTORS ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ### DUND, AHLONA ### BOUND, AHLONA ### BOUNDS, AHLONA ### BOUND, AHLONA ### BOUND, AHLONA ### BOUND, AHLONA ### BOUNDS, AHLONA ### BOU	SENTRY N 2180 W. S	MANAGEMENT, INC. TATE RD. 434, SUITE 5000				P.O. Box Number	is Not Acceptat	ole)		
SIGNATURE Filling Fee is \$61.25 Due by May 1, 2008 Struct Contribution. Stockhold Fees Stockhold				ci	ity			FL Zi	Code	
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NAME BENTON, LINDA STREET ADDRESS 7340B DANIEL WEBSTER DR CITY-S1-ZIP WINTER PARK, FL 32792 TILLE VPTD DUSSEAU, MICHELLE STREET ADDRESS 3015C AARON BURR AVE CITY-S1-ZIP WINTER PARK, FL 32792 TILLE DUSSEAU, MICHELLE STREET ADDRESS 3015C AARON BURR AVE CITY-S1-ZIP WINTER PARK, FL 32792 TILLE D DUSSEAU, MICHELLE STREET ADDRESS CITY-S1-ZIP WINTER PARK, FL 32792 TILLE D Delete TILLE D TA408 DANIEL WEBSTER DR TA408	TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF PD BOUND, AHLONA 3027 AARON BURR AVE	9. Election Ca Trust Fund	ampaign Finan Contribution. 11. TITLE NAME STREET AD:	PD BOUT	\$5.00 May Be Added to Fees ADDITIONS/CHA NDS, AHLONA 7 AARON BURR	NGES TO OFFIC	Make check paya orida Department CERS AND DIRECTO	of Sta	10
NAME DUSSEAU, MICHELLE SIRET ADDRESS 3015C AARON BURR AVE CITY-ST-ZIP WINTER PARK, FL 32792 TITLE Delete NAME BENTON, LOWELL SIRET ADDRESS 73408 DANIEL WEBSTER DR CITY-ST-ZIP WINTER PARK, FL 32792 TITLE D SIRET ADDRESS 73408 DANIEL WEBSTER DR CITY-ST-ZIP WINTER PARK, FL 32792 TITLE D SIRET ADDRESS 73408 DANIEL WEBSTER DR CITY-ST-ZIP WINTER PARK, FL 32792 TITLE D SIRET ADDRESS 73408 DANIEL WEBSTER DR CITY-ST-ZIP WINTER PARK, FL 32792 TITLE D SIRET ADDRESS 73408 DANIEL WEBSTER DR CITY-ST-ZIP WINTER PARK, FL 32792 TITLE D SIRET ADDRESS 73408 DANIEL WEBSTER DR CITY-ST-ZIP WINTER PARK, FL 32792 TITLE D SIRET ADDRESS ORLANDO, FL 32817 THE ORLANDO, FL 32817 THE ORLANDO OF L 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF PD BOUND, AHLONA 3027 AARON BURR AVE WINTER PARK, FL 32792 D LIPPENS, THERESA 7292 DANIEL WEBSTER DR	9. Election Ca Trust Fund RECTORS	ampaign Finan Contribution. 11. TIILE NAME STREET ADI CITY-ST-Z TIILE NAME STREET ADI	PD BOUTO	\$5.00 May Be Added to Fees ADDITIONS/CHA NDS, AHLONA 7 AARON BURR TER PARK, FI SHALL, RODNI MURPHY RD	FIGURE NGES TO OFFICE AVE 32792	Make check pays orida Department CERS AND DIRECTO	Of Sta PRS IN 1 hange	10 Addition
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NAME STREET ADDRESS CITY-S1-ZIP 12. 4 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIE PD BOUND, AHLONA 3027 AARON BURR AVE WINTER PARK, FL 32792 D LIPPENS, THERESA 7292 DANIEL WEBSTER DR WINTER PARK, FL 32792 SD BENTON, LINDA 7340B DANIEL WEBSTER DR WINTER PARK, FL 32792 VPTD DUSSEAU, MICHELLE 3015C AARON BURR AVE	9. Election Ca Trust Fund RECTORS Delete Delete	TILE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD STREET AD	DRESS 302 DRESS 658 WIN DRESS 658 WIN DRESS 302	\$5.00 May Be Added to Fees ADDITIONS/CHA NDS, AHLONA AARON BURR FER PARK, FL SHALL, RODNI MURPHY RD TER SPRINGS, NDS, KEN AARON BURR TER PARK, FL	FL 32708 R AVE L 32792 LLE RR AVE	Make check pays orida Department CERS AND DIRECTO CO CI	of Sta PRS IN 1 hange	Addition X Addition
14. Thereby County that the information subdied with this hing goes not quality for the exchibitions contained in Chapter 119. Fields Statutes, Flunner Centry that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF PD BOUND, AHLONA 3027 AARON BURR AVE WINTER PARK, FL 32792 D LIPPENS, THERESA 7292 DANIEL WEBSTER DR WINTER PARK, FL 32792 SD BENTON, LINDA 7340B DANIEL WEBSTER DR WINTER PARK, FL 32792 VPTD DUSSEAU, MICHELLE 3015C AARON BURR AVE WINTER PARK, FL 32792 D BENTON, LOWELL 73408 DANIEL WEBSTER DR	9. Election Ca Trust Fund RECTORS Delete Delete Delete	TILLE NAME STREET ADI CITY-ST-Z TITLE NAME STREET ADI	DRESS 302 DRESS 658 WIN DRESS 302 PD WIN TD MAR 658 WIN D BOU DRESS 302 PWIN D WIN TO W	\$5.00 May Be Added to Fees ADDITIONS/CHA NDS, AHLONA ADDITIONS/CHA ADDITIONS/CHA ADDITIONS/CHA ADDITIONS/CHA ADDITIONS/CHA ARON BURR ADDITIONS AD	FIL NGES TO OFFICE AVE 32792 R AVE 32792 LLE RR AVE L 32792 LLE SEBSTER DR	Make check pays orida Department CERS AND DIRECTO CI CI CI	of Sta PRS IN 1 hange hange	Addition Addition Addition

12. 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: MANTEN BENNES

3/25/08

Daytime Phone #