2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # 746214 1. Entity Name ALTAMONTE HEIGHTS CONDOMINIUM ASSOCIATION,INC.					Secretary of State 04-28-2008 90349 001 ****61.25			
Principal Place of Business 190 NORTH WESTMONTE DRIVE #100 ALTAMONTE SPRINGS, FL 32714 US Mailing Address 190 NORTH WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US					2 188(II 1 83 () 8 (8)	- : : : : : : : : : : : : : : : : : : :	ı qızıl etbil gibil bibil bibi	
2. Principal P	Place of Business - No P.O. Box # 3.	Mailing Address		+				
Suite, Apt.		Suite, Apt. #, etc.			03172008 C	hg-NP	CR2E037 (12/0	6)
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	D. Maille and Address of Culter Negl	stereo Agent	Name	\ \	7. Name and Add	Iress of New M	egistered Agent	
991 WEKI	R, NINETTE VA SPRINGS R D OD, FL 32779			demess (P	P.O. Box Number is	No Acceptable	Blud	
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8. The above the obligat	named entity submits this starement for the ions of registered agent.	purpose of changing its reg	istered office o	r registere	ed agent, or both, in	the State of Flo	vida. I am familiar v	vith, and accept
SIGNATURE Application of period name substitute and post section in the policable. (NOTE: Registered Agent signature required when reinstating) DATE						X		
SIGNATURE .	this dea treet persentation of persent and the property and the	a if applicable. (NOTE: Reg	gistered Agent signat	ture required v	when reinstating)		DATE	<u></u>
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indicated on this report or supplied with this triling does not quality for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25-08 407-831-694

Daytime Phone #