## FILED May 16, 2005 8:00 am Secretary of State

<b>4003</b>	1701	-1-0	12-1	NO		CONI	
		AN	NU	AL	RE	PORT	

ALTAMONTE VILLAGE I CONDOMINIUM, INC.	1.25									
Principal Place of Business										
2. Principal Place of Business  3. Mailing Address  PO Box 5717										
Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-NP CR2E037 (10/03)										
\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	pplied For									
Zip Country Zip Country 5 Certificate of Status Desired 5 \$8.75 Ac	SS 75 Additional									
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
FERRARA, WILLIAM G	Name									
753 S RANGER BLVD  WINTER PARK, FL 32792  Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)									
	de									
<u> </u>										
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										
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaign Financing \$5.00 May Be Added to Fees  Trust Fund Contribution.   Added to Fees  Make check payable Florida Department of \$5.00 May Be Added to Fees	State									
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I										
CODUCTURE LEO D	<b>⊠</b> Addition									
STREET ADDRESS   509 HICKORY WOOD AVE										
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714										
TITLE VPD TITLE VD Change  NAME O'BRIEN, ELENOR Delete TITLE NAME RODRIGUEZ, ALDO	Addition									
CIDET ADDRESS 206 SAN SERASTIAN COURT WEST STREET ADDRESS 739 GALLOWAY COURT										
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP WINTER SPRINGS, FL 32708										
TITLE TD D Change  NAME RIVERA, IRAEL NAME VILLEGAS, MARIA	<b>⊠</b> Addition									
CLA TO ALL COURT IN COT										
STREET ADDRESS 202 SAN SEBASTIAN CT WEST  CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714  CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714										
THE TO Speids THE D	Addition									
NAME MARQUEZ, MARISABELLE NAME COLON, NOEM I	SUL RUMAAD DRIVE									
STREET ADDRESS 205 SAN SEBASTIAN COURT WEST  CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714  STREET ADDRESS 5841 RYWOOD DRIVE  CITY-ST-ZIP ORLANDO, FL 32810										
TITLE D Delete TITLE PD Change	Addition									
NAME SAX, PATRICIA NAME										
STREET ADDRESS CITY-S1-ZIP ALTAMONTE SPRINGS, FL 32714 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP										
TITLE Delete TITLE Change	Addition									
NAME NAME										
The Delide	غر نظر									

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 1907(3)(1). 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: \_.