

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 040 ****61.25

DOCUMENT # 747380

1. Entity Name
ALTAMONTE VILLAGE I CONDOMINIUM, INC.



Principal Place of Business
P.O. BOX 5717
WINTER PARK, FL 32793-5717 US

Mailing Address
P.O. BOX 5717
WINTER PARK, FL 32793-5717 US

60043033



02022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
Presidential Group South
Suite, Apt. #, etc.
135 W Pineview St.
City & State
Altamonte Sp FL
Zip
32714 Country
US

3. Mailing Address
Presidential Group South
Suite, Apt. #, etc.
135 W Pineview St.
City & State
Altamonte Sp, FL
Zip
32714 Country
US

4. FEI Number
59-1839104 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERRARA, WILLIAM G
753 S RANGER BLVD
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent
Name
Presidential Group South
Street Address (P.O. Box Number is Not Acceptable)
135 W. Pineview St.
City
Altamonte Sp FL Zip Code
32714

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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

ANTHONY GUADAGNINO

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREY, JANET 104 SAN SEBASTIAN CT W ALTAMONTE SPRINGS, FL 32714	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ALDO 739 GALLOWAY CT WINTER SPRINGS, FL 32708	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP VILLEGAS, MARIA 212 SAN SEBASTIAN CT W ALTAMONTE SPRINGS, FL 32714	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, NGEMI 5841 RAYWOOD DR ORLANDO, FL 32810	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAX, PATRICIA 207 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NOE HERNANDEZ 315 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARMEN ROMIREZ 209 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ELEONOR OCAÑO O'BRIEN 206 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CONSUELO OCAÑO 320 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AGOPITA MADERA 307 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DEBRA BREWER 107 SAN SEBASTIAN CT W. ALTAMONTE SPRINGS FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOE HERNANDEZ

Date

Daytime Phone #

4/6/06