


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90234 027 \*\*\*\*61.25

<b>DOCUMENT # 747380</b> 1. Entity Name <b>ALTAMONTE VILLAGE I CONDOMINIUM, INC.</b>					
Principal Place of Business <b>PRESIDENTIAL GROUP</b> <b>135 W PINEVIEW</b> <b>ALTAMONTE SPRINGS, FL 32714 US</b>			Mailing Address <b>PRESIDENTIAL GROUP</b> <b>135 W PINEVIEW</b> <b>ALTAMONTE SPRINGS, FL 32714 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1839104</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PRESIDENTIAL GROUP SOUTH</b> <b>135 W PINEVIEW</b> <b>ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ROMIREZ, CARMEN</b> <input type="checkbox"/> Delete <b>209 SAN SEBASTIAN CT WEST</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NOE HERNANDEZ</b> <b>3155 SAN SEBASTIAN COURT W</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete <b>O'BRIEN, ELEANOR</b> <b>206 SAN SEBASTIAN CT WEST</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIANA LINEBURGH</b> <b>318 SAN SEBASTIAN COURT W</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>OCAMPO, CONSUELO</b> <b>320 SAN SEBASTIAN CT WEST</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VIDALINA VALENTIN</b> <b>208 SAN SEBASTIAN COURT W</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MADERA, AGOPITA</b> <b>307 SAN SEBASTIAN CT WEST</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BREWER, DEBRA</b> <b>107 SAN SEBASTIAN CT WEST</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GERARDO ROSADO</b> <b>311 SAN SEBASTIAN COURT W</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>VILLEGAS, MARIA</b> <b>212 SAN SEBASTIAN CT WEST</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pres</b>	
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.					
<b>SIGNATURE:</b> <u>Maria E Villegas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	