


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90038 019 \*\*\*\*61.25

<b>DOCUMENT # 747380</b> 1. Entity Name <b>ALTAMONTE VILLAGE I CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>PRESIDENTIAL GROUP 135 W PINEVIEW ALTAMONTE SPRINGS, FL 32714 US</b>	Mailing Address <b>PRESIDENTIAL GROUP 135 W PINEVIEW ALTAMONTE SPRINGS, FL 32714 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  Zip Country	City & State  Zip Country



01282008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1839104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW ALTAMONTE SPRINGS, FL 32714</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROMIREZ, CARMEN 209 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NOE HERNANDEZ 315 San Sebastian CT W Altamonte Springs FL 32714</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LINEBURGH, DIANNA 318 SAN SEBASTIAN CT W ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OCAMPO, CONSUELO 320 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MADERA, AGOPITA 307 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BREWER, DEBRA 107 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VILLEGAS, MARIA 212 SAN SEBASTIAN CT WEST ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:** Carmen H. Ramirez See 4/2/08 407682-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #