

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747380

FILED
Apr 26, 2012
Secretary of State

Entity Name: ALTAMONTE VILLAGE I CONDOMINIUM, INC.

Current Principal Place of Business:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

1750 WEST BROADWAY STREET
222
OVIEDO, FL 32714 US

Current Mailing Address:

PRESIDENTIAL GROUP SOUTH
135 W PINEVIEW
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 WEST BROADWAY STREET, SUITE 222
OVIEDO, FL 32765 US

FEI Number: 59-1839104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL GROUP SOUTH
135 W PINEVIEW
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 WEST BROADWAY STREET
222
OVIEDO, FL 32765 US

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.

SIGNATURE: KEVIN DAVIS

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: CARRION, CARLOS
Address: PO BOX 162974
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: P
Name: HERNANDEZ, NOE
Address: 315 SAN SEBASTIAN CT W
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP
Name: RODRIGUEZ, ALDO
Address: 965 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T
Name: CARRION, MARISOL
Address: PO BOX 162974
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D
Name: MARRERO, OSVALDO
Address: 319 SAN SEBASTIAN CT WEST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: MIGDALIA, O'FARRILL
Address: 315 SAN SEBASTIAN COURT WEST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NOE HERNANDEZ

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date