

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90059 024 \*\*\*\*61.25

**DOCUMENT # 748063**

1. Entity Name

**NEW ORLEANS APARTMENTS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

615 SOUTH PALM AVENUE  
SARASOTA FL 34236  
US

Mailing Address

C/O STOKES PROPERTY MGMT  
3053 51ST ST  
SARASOTA FL 34234  
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0053200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOKES, REBECCA F  
3053 51ST ST  
SARASOTA FL 34234

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, STEPHANIE	
STREET ADDRESS	306 RIO TERRA	
CITY-STATE-ZIP	VENICE FL 34285	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>* AMANER, JOSEPH *</del>	
STREET ADDRESS	<del>615 S PALM AVENUE, B</del>	
CITY-STATE-ZIP	<del>SARASOTA FL 34236</del>	
TITLE	<del>STD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>THELON, LEANNE</del>	
STREET ADDRESS	<del>1454 CULE OF MEXICO DR</del>	
CITY-STATE-ZIP	<del>LONGBOAT KEY, FL 34228</del>	
TITLE	<del>DSR</del>	<input type="checkbox"/> Delete
NAME	DUTOIT, STEVEN	
STREET ADDRESS	4709 E. TRAILS DR.	
CITY-STATE-ZIP	SARASOTA FL 34243	
TITLE	<del>DR</del>	<input type="checkbox"/> Delete
NAME	PETERS, JOAN	
STREET ADDRESS	2247 HAWTHORNE ST	
CITY-STATE-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Director, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Joan Peters*

Joan Peters, Treas. 4/1/07 941-355-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #