

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 749633

1. Entity Name
ADAIR CONDOMINIUMS MANAGEMENT, INC.



Principal Place of Business
**1104 EASTIN AVE.
ORLANDO, FL 32804**

Mailing Address
**1104 EASTIN AVE.
ORLANDO, FL 32804**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2227665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUPP, GEORGE
1104 EASTIN AVE.
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUPP, GEORGE 1104 EASTIN AVE. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL, WILLIAM MD 1110 EASTIN AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PITTS, ALTON G 627 LAKEVIEW ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/08-80026-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/08
Secretary/Treasurer 407-422-6419