2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751202

FILED Jan 06, 2009 Secretary of State

Entity Name: THE FAVALE CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:		New Principal Place of Business:		
000 NE 4	8 ST			
)1 Γ LAUDE	ERDALE, FL 3	3308		
urrent M	lailing Addres	ss:	New Mailing Addres	s:
000 NE 4	8 ST			
r Laude	ERDALE, FL 3	3308		
l Number	: 65-0193386	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
Δ\/ΔI Ε				
000 NE 4	JOSEPH 8TH ST #101 JDERDALE, FI	L 33308 US		
000 NE 4 ORT LAU ne above	8TH ST #101 JDERDALE, F		ourpose of changing its registere	d office or registered agent, or both
000 NE 4 ORT LAU ne above	8TH ST #101 JDERDALE, Fl named entity of Florida. RE:	submits this statement for the լ		
000 NE 4 ORT LAU ne above the State GNATUI	8TH ST #101 JDERDALE, Fleen named entity ended entity ended entity ended entity ended entity ended end	submits this statement for the pair is statement for the pair is statement for the pair is submitted.	ent	Date
000 NE 4 ORT LAU ne above the State GNATUI	8TH ST #101 JDERDALE, Fleenamed entity and e	submits this statement for the pair of Signature of Registered Agronal TORS: Delete PH, 1001	ent	Date
ne above the State GNATUI FFICER: me: dress:	8TH ST #101 JDERDALE, Flee named entity and	submits this statement for the particles of Registered Age TORS: Delete PH, 101 LE, FL Delete LHELM, NA ST	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH FAVALE PRES 01/06/2009