

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753194

FILED
Apr 05, 2006
Secretary of State

Entity Name: PRIMROSE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

825 N. PRIMROSE DRIVE #215
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2017143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ASHVILLE, JUANITA
Address: 825 N. PRIMROSE DR #112
City-St-Zip: ORLANDO, FL 32803

Title: DP () Delete
Name: SMITH, KEITH
Address: 825 N PRIMROSE, #211
City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete
Name: SHANNON, JAMES
Address: 9008 CALWOOD COURT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: BIEMANN, FLORENCE
Address: 825 N. PRIMROSE DR #113
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: SHANNON, JAMES
Address: 9008 CALWOOD COURT
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: WILLIAMS, SHARON
Address: 825 N. PRIMROSE DRIVE #109
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: HARMAN, JOHN
Address: 825 N. PRIMROSE DRIVE #202
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN R. WOMACK

A

04/05/2006

Electronic Signature of Signing Officer or Director

Date