


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90006 035 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # 759505 1. Entity Name THE APOLLO BEACH CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1025 APOLLO BEACH BLVD STE 3 APOLLO BCH, FL 33572-2043 US | | | Mailing Address PO BOX 3612 APOLLO BEACH, FL 33572 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 | | Country | | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MANDELL, ROBERT W 1033-1 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572 | | | | 7. Name and Address of New Registered Agent Name Klym, David Street Address (P.O. Box Number is Not Acceptable) 1025 Apollo Beach Blvd. Unit 6 City Apollo Beach FL Zip Code 33572 | |
| 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 David Klym David Klym 2/4/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COX, LEO 1033 APOLLO BCH BLVD UNIT 2 APOLLO BEACH, FL 33572 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KLYM, DAVID 1721 E 28TH AVE LAKE STATION, IN 46405 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WEEDON, RAY 839 BRIDIE WAY APOLLO BEACH, FL 33572 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Ray Weedon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 839 Bridie Way Apollo Beach FL 33572 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHEWNING, MERRY F 1033 APOLLO BEACH BLVD UNIT 5 APOLLO BEACH, FL 33572 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROZETTI, BARB 1220 GULFVIEW WOODS DR RUSKIN, FL 33570 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: R C Weedon R C Weedon Treasurer 2/4/07 813 645 4145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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