

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90045 017 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # 760487 1. Entity Name PLACE 434 CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2623 W. S.R. 434 LONGWOOD, FL 32779 US | | | Mailing Address P.O. BOX 160895 ALTAMONTE SPRINGS, FL 32716 US | | |
| 2. Principal Place of Business 2629 W. S.R. 434 Suite, Apt. #, etc. Longwood, Florida City & State 32779 US Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 01222006 Chg-NP CR2E037 (11/05) | | | | 4. FEI Number 59-1663131 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent YOUNG, D. B JR 2623 WEST STATE ROAD 434 LONGWOOD, FL 32779 | | | 7. Name and Address of New Registered Agent Name Caldwell, Robert Street Address (P.O. Box Number is Not Acceptable) 801 W. Highway 434, Suite 2225 City Altamonte Springs FL Zip Code 32714 | | |
| 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 Robert Caldwell MAY 1 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | TD DERRICK, ROSEMARY 2633 W. S.R. 434 LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEST, DANIEL H 2629 W. S.R. 434 LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD YOUNG, D.B. JR 2623 WEST S.R. 434 LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: Daniel H. Best 3-806 407 774-1716 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |