2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 763316

1. Entity Name
CLAY STREET CENTER COMMERCIAL CONDOMINIUM NO. 1,INC.

Principal Place of Business	Mailing Address
1254 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 US	1254 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 US

DO NOT WRITE IN THIS SPACE

2001-3573

01142005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

CHALIFOUX, THOMAS E JR.
3500 OLD TAMPA HWY.
KISSIMMEE, FL 34741

no change

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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, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHALIFOUX, THOMAS E JR.
STREET ADDRESS	3500 OLD TAMPA HWY.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	VD
NAME	CHALIFOUX, CAROLYN A
STREET ADDRESS	3500 OLD TAMPA HWY.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	STD
NAME	COUTURE, RENE A JR.
STREET ADDRESS	1720 KINGS HWY
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #