

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 763316

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



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

Mailing Address
**1254 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
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**

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IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

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03/19/07-80013-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas E. Chalifoux, Jr.

Date

Daytime Phone #