

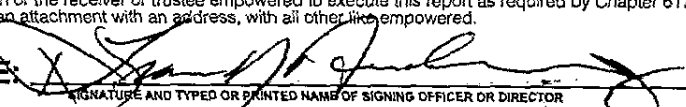


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 763472			
1. Entity Name THE PEACHTREE BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 425 W. COLONIAL DR SUITE 301 ORLANDO, FL 32804	Mailing Address 425 W. COLONIAL DR SUITE 301 ORLANDO, FL 32804		
DO NOT WRITE IN THIS SPACE			
		02022006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2998306	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ANDERSON, FRANK N JR 425 W. COLONIAL DR SUITE 301 ORLANDO, FL 32804		DO NOT WRITE 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 _____ <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		00000531298 05/06/06-80037-001 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, FRANK N JR 425 W COLONIAL DRIVE, #301 ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CURRIS, CLINTON 425 W COLONIAL DR #201 ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOODS, JONATHAN 425 W COLONIAL DR #204 ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	