
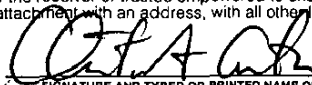


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90007 046 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262007 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
ANDERSON, FRANK N JR 425 W. COLONIAL DR SUITE 301 ORLANDO, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reconstituting)</small> DATE _____					
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	DP ANDERSON, FRANK N JR 425 W COLONIAL DRIVE, #301 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Board member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clinton CURTIS 425 W. Colonial Dr, Suit 201 ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CURRIS, CLINTON 425 W COLONIAL DR #201 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Maul 425 W. Colonial Dr. # 303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOODS, JONATHAN 425 W COLONIAL DR #204 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Aristides DIAZ 425 W. Colonial, # 101 Orlando, FL 32804		
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		
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		
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:  Clinton A. Curtis 2/26/07 407-425-0330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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