

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 763895	
1. Entity Name LOUISIANA CENTER CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 1150 LOUISIANA AVENUE SUITE 1 WINTER PARK, FL 32789 US	Mailing Address 1150 LOUISIANA AVE STE 1 WINTER PARK, FL 32789 US
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01262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2328608	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIRKCONNELL, KIRK N.
425 SPRING VALLEY LANE
ALTAMONTE SPRINGS, FL

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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] DATE 04/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MARLONE, MICHAEL 1150 LOUISIANA AVE. SUITE 4 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLER, CHANDLER R. 201 CHELTON CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO KIRKCONNELL, K. N. 425 S PRING VALLEY LANE ALTAMONTE SPRINGS, FL
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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04/27/06-80034-012 61.25

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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 817, 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: [Signature] KIRK N. KIRKCONNELL 04/10/06 407-644-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #