

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

**FILED**  
**Apr 16, 2007 08:00 A**  
**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



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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

Kirk N. Kirkconnell

04/11/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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 MARLONE, MICHAEL  
STREET ADDRESS 1150 LOUISIANA AVE. SUITE 4  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE SD  
NAME MULLER, CHANDLER R.  
STREET ADDRESS 201 CHELTON CIRCLE  
CITY-ST-ZIP WINTER PARK, FL

TITLE TD  
NAME KIRKCONNELL, K. N.  
STREET ADDRESS 425 S PRING VALLEY LANE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/24/07-80123-009 61.25

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:**

Kirk N. Kirkconnell

04/11/07

407-644-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #