

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

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# 767350

Entity Name: 21/22 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4514 VIRGINIA DR  
BALDWIN PARK  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

4514 VIRGINIA DR  
BALDWIN PARK  
ORLANDO, FL 32814

**New Mailing Address:**

901 PONCE DE LEON BLVD  
SUITE #505  
CORAL GABLES, FL 33134

FEI Number: 59-2719935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WRIGHT, MICHAEL E  
4514 VIRGINIA DR  
BALDWIN PARK  
ORLANDO, FL 32814 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WRIGHT, MICHAEL  
Address: 4514 VIRGINIA DR BALDWIN PRK  
City-St-Zip: ORLANDO, FL 32814

Title: T      ( ) Delete  
Name: JACKSON, TIM  
Address: 2274 DOGWOOD GLENN COVE  
City-St-Zip: GERMANTOWN, TN 38139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. WRIGHT

RA

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date