

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 044 ****61.25

DOCUMENT # 768999

1. Entity Name

L.O.V.O. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

U.S. 192 WEST
7770 W IRLO BRONSON MEM HWY
KISSIMMEE FL 34747
US

Mailing Address

DAILY MANAGEMENT, INC
P.O. BOX 730119
ORMOND BEACH FL 32173-0119
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2942714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POHL & SHORT, P.A.
280 W. CANTON AVENUE
SUITE 410
WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME D
STREET ADDRESS STEWART, STEVE
CITY-ST-ZIP 47 ARIAN AVENUE
BRONX NY 10463

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS STEWART, STEVE
CITY-ST-ZIP 47 ARIAN AVENUE
BRONX, NY 10463

TITLE ☐ Delete
NAME D
STREET ADDRESS MARTEL, RICHARD
CITY-ST-ZIP 509 CASTOR STREET
RUSSELL K4R-IES ONTATIO CA

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS MARTEL, RICHARD
CITY-ST-ZIP 509 CASTOR STREET
RUSSELL K4R-IES ONTARIO CANADA

TITLE ☐ Delete
NAME PD
STREET ADDRESS BLAISSE, LARRY
CITY-ST-ZIP 1329 COLWEL LANE
CONSHOHOCKEN PA 19428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS SHEMANCIK, TOM
CITY-ST-ZIP 1311 HAMLIN DR.
CLEARWATER FL 33764

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS SHEMANCIK, TOM
CITY-ST-ZIP 1311 HAMLIN DR.
CLEARWATER, FL. 33764

TITLE ☐ Delete
NAME VS
STREET ADDRESS NETTLES, KENNETH
CITY-ST-ZIP 106 SPRINGHOUSE DR.
SAVANNAH GA 31419

TITLE ☒ Change ☐ Addition
NAME ASD
STREET ADDRESS NETTLES, KENNETH
CITY-ST-ZIP 106 SPRINGHOUSE DR.
SAVANNAH, GA. 31419

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

[Signature]

LARRY BLAISSE

2-23-06

386-898-091 x203