


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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

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

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) 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

TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, STEVE	
STREET ADDRESS	47 ARIAN AVENUE	
CITY-ST-ZIP	BRONX NY 10463	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTEL, RICHARD	
STREET ADDRESS	509 CASTOR STREET	
CITY-ST-ZIP	RUSSELL K4R-IES ONTATIO CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLAISSE, LARRY	
STREET ADDRESS	1329 COLWEL LANE	
CITY-ST-ZIP	CONSHOCKEN PA 19428	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEMANCIK, TOM	
STREET ADDRESS	1311 HAMLIN DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NETTLES, KENNETH	
STREET ADDRESS	106 SPRINGHOUSE DR.	
CITY-ST-ZIP	SAVANNAH GA 31419	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, STEVE	
STREET ADDRESS	47 ARIAN AVENUE	
CITY-ST-ZIP	BRONX, NY 10463	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEL, RICHARD	
STREET ADDRESS	509 CASTOR STREET	
CITY-ST-ZIP	RUSSELL K4R-IES ONTARIO CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEMANCIK, TOM	
STREET ADDRESS	1311 HAMLIN DR.	
CITY-ST-ZIP	CLEARWATER, FL. 33764	
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTLES, KENNETH	
STREET ADDRESS	106 SPRINGHOUSE DR.	
CITY-ST-ZIP	SAVANNAH, GA. 31419	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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