

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768999

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** L.O.V.O. CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

DAILY MANAGEMENT, INC  
P.O. BOX 730119  
ORMOND BEACH, FL 321730119 US

**New Mailing Address:**

**FEI Number:** 59-2942714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POHL & SHORT, P.A.  
280 W. CANTON AVENUE  
SUITE 410  
WINTER PARK, FL 32789 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:** SD  
**Name:** STEWART, STEVE  
**Address:** 47 ARIAN AVE  
**City-St-Zip:** BRONX, NY 10463

**Title:** TD  
**Name:** MARTEL, RICHARD  
**Address:** 5345 LEMON TWIST LANE  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** PD  
**Name:** BLAISSE, LARRY  
**Address:** 1329 COLWELL LANE  
**City-St-Zip:** CONSHOHOCKEN, PA 19428

**Title:** VD  
**Name:** SHEMANCIK, TOM  
**Address:** 1311 HAMLIN DR  
**City-St-Zip:** CLEARWATER, FL 33764

**Title:** ASD  
**Name:** NETTLES, KENNETH  
**Address:** 106 SPRINGHOUSE DR  
**City-St-Zip:** SAVANNAH, GA 31419

I hereby 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 all other like empowered.

**SIGNATURE:** LARRY BLAISSE

PD

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date