

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90047 040 ****61.25

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| DOCUMENT # 769727 | | | | | |
| 1. Entity Name S. V. CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 201 ESPLANADE WAY CASSELBERRY, FL 32707 | | | Mailing Address 201 ESPLANADE WAY CASSELBERRY, FL 32707 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2882833 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALFANO, JOHN 254 LEWFIELD CIR WINTER PARK, FL 32782 | | | Name <u>Grastone Management Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1950 Lee Road</u> Suite <u>212</u> City <u>Winter Park</u> FL <u>32789</u> | | |
| 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 <u>Jane C. Dimichony</u> DATE <u>3-10-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME SKIDMORE, HANK STREET ADDRESS 230 EVEREST PT #104 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME AMBROSE, DEBBIE STREET ADDRESS 207 DIAMOND COVE #101 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Pam Weaver STREET ADDRESS 540 Cascade Cir #102 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE T NAME CHARLES, JOHNNY STREET ADDRESS 228 EVEREST PT #102 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Delete | | TITLE T NAME Letty Velazquez STREET ADDRESS 237 Mont Blanc Ct. #105 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME BROOKBY, ANN STREET ADDRESS 546 CASCADE #100 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME HOFF, LORRAINE STREET ADDRESS 236 MONTE BLANC #102 CITY-ST-ZIP CASSELBERRY, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME LIPPOCOT, CHARLES STREET ADDRESS 532 CASCADE CIR #100 CITY-ST-ZIP CASSELBERRY, FL 32707 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James Skidmore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3/12/04</u> Daytime Phone # <u>407-3310792</u> | | |