

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90034 036 ****61.25

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

Zip

Country

Zip

Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2882833

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

GREYSTONE MANAGEMENT COMPANY
1950 LEE ROAD
SUITE 212
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	SKIDMORE, HANK	
STREET ADDRESS	230 EVEREST PT #104	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEAVER, PAM	
STREET ADDRESS	540 CASCADE CIR., #102	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, LETTY	
STREET ADDRESS	237 MONT BLANC CT., #705	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKBY, ANN	
STREET ADDRESS	546 CASCADE #100	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFF, LORRAINE	
STREET ADDRESS	236 MONT BLANC #102	
CITY-ST-ZIP	CASSELBERRY, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIPPOLDT, CHARLES	
STREET ADDRESS	532 CASCADE CIR #100	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Lippoldt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS		
CITY-ST-ZIP		

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:

James Skidmore
PRESIDENT

James Skidmore 3-17-05

Date

Daytime Phone #