


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90257 004 ****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 - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRY, PATRICIA VP 201 ESPLANADE WAY CASSELBERRY, FL 32707 | | | | 7. Name and Address of New Registered Agent Name DIANE GAY, SEC Street Address (P.O. Box Number is Not Acceptable) 525 ETNA CT #109 City CASSELBERRY FL Zip Code 32707 | |
| 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>DIANE GAY</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE <u>1/10/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P <u>Hank Skidmore</u> <input type="checkbox"/> Delete SKIDMORE, HANK 230 EVEREST PT #104 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Delete FRY, PATRICIA 566 CASCADE CIR #106 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIANE GAY 525 ETNA CT #109 CASSELBERRY, FL 32707 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete VELAZQUEZ, LETTY 237 MONT BLANC CT., #705 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete BROOKBY, ANN 546 CASCADE #100 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL ROBISON 570 CASCADE CR. #108 CASSELBERRY, FL 32707 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete ALLEN, EDD 568 CASCADE CIR #104 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Delete LIPPOLDT, CHARLES 532 CASCADE CIR #100 CASSELBERRY, FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Hank Skidmore</u> HANK SKIDMORE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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01042007 Chg-NP CR2E037 (12/06)

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

FRY, PATRICIA VP
201 ESPLANADE WAY
CASSELBERRY, FL 32707

Name **DIANE GAY, SEC**
Street Address (P.O. Box Number is Not Acceptable)
525 ETNA CT #109
City **CASSELBERRY** FL Zip Code **32707**

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 DIANE GAY
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, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P Hank Skidmore ☐ Delete
SKIDMORE, HANK
230 EVEREST PT #104
CASSELBERRY, FL 32707

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Delete
FRY, PATRICIA
566 CASCADE CIR #106
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC ☐ Change ☒ Addition
DIANE GAY
525 ETNA CT #109
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☐ Delete
VELAZQUEZ, LETTY
237 MONT BLANC CT., #705
CASSELBERRY, FL 32707

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
BROOKBY, ANN
546 CASCADE #100
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
MICHAEL ROBISON
570 CASCADE CR. #108
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
ALLEN, EDD
568 CASCADE CIR #104
CASSELBERRY, FL 32707

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☐ Delete
LIPPOLDT, CHARLES
532 CASCADE CIR #100
CASSELBERRY, FL 32707

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Hank Skidmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #