

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769727

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** S. V. CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

201 ESPLANE WAY  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

201 ESPLANE WAY  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 59-2882833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAN ALLEN, JENNIFER  
201 ESPLANE WAY  
CASSELBERRY, FL 32707 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: P  
Name: SKIDMORE, JAMES  
Address: 201 ESPLANE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP  
Name: ROBISON, MIKE  
Address: 201 ESPLANE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: T  
Name: VELAZQUEZ, LETTY  
Address: 201 ESPLANE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: D  
Name: BROWN, DOROTHY  
Address: 201 ESPLANE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: D  
Name: JALBERT, SANDY  
Address: 201 ESPLANE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: D  
Name: OWENS, MARY  
Address: 201 ESPLANE WAY  
City-St-Zip: CASSELBERRY, FL 32707

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:** JAMES SKIDMORE

P

01/05/2012

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

\_\_\_\_\_  
Date