2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #769926 34 PHASE II CONDOMINII	UM ASSOCIATION,				03-21-200	5 90045 018 **	*150.00	
Principal Place 2623 W. S.R. LONGWOOD,	.434	Mailing Address P.O. BOX 160895 ALTAMONTE SPRINGS, I					500040	59	
2. Principal Place of Business 2629 W.S.R. 434		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222006	Chg-NP	CR2E037 (11/	15)	
Longwood, Florida		City 9 Chair					0.02200. (
City & State 32779 US		City & State			4. FEI Number 59-1663	131		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additional	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered Agent		
				Name Caldwell, Robert					
YOUNG, D.B. JR 2623 WEST STATE ROAD 434			Street A	Street Address (P.O. Box Number is Not Acceptable) 801 W. Highway 436 Suite 2225					
LONGWOO	OD, FL 32779		<u> </u>	.001		<u> </u>	o ourto		
			Alta	mon	te Spri	108	FL Zip	Code 2714	
8. The above	named entity submits this statement	for the purpose of changing its	registered office o	register	ed agent, or both,	in the State of F	Rorida. I am familiar	with, and accept	
the obligati	ions of registered agent.								
SIGNATURE .	NUS		obert Ca		ell	m	mel 6, 200	6	
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signat	ture required	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	<u> </u>	npaign Financing	Live required	\$5.00 May Be Added to Fees		Make check payal orida Department	aie to	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Cam Trust Fund C DIRECTORS	npaign Financing		\$5.00 May Be Added to Fees	Fi	Make check payal	ole to of State	
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12. I hereby certify that the information supplied with this filling 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: Daniel H. Best 3-806 407-774-1716

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Degree Priorie #