

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 MAR 16 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/21/06 90045 018 \$61.25



02272007 No Chg-NP CR2E037 (4/06)

DOCUMENT # 769926

1. Entity Name  
PLACE 434 PHASE II CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
2629 W.S.R. 434  
LONGWOOD, FL 32779 US

Mailing Address  
P.O. BOX 160895  
ALTAMONTE SPRINGS, FL 32716 US

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4. FEI Number  
59-1663131

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, ROBERT  
801 W. HIGHWAY 436  
SUITE 2225  
ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DERRICK, ROSEMARY
STREET ADDRESS	2633 W. S.R. 434
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PD
NAME	BEST, DANIEL H
STREET ADDRESS	2629 W. S.R. 434
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 517, 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 DANIEL H. BEST 2/27/07 407 774-1716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document corrected per Robert Caldwell. SSC