

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 015 ****70.00

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|--|---|---|---|--|--|
| DOCUMENT # N00000000963 1. Entity Name PRESTIGE EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 730 S ATLANTIC AVE STE 103 ORMOND BEACH, FL 32176 | | | Mailing Address P.O. BOX #2042 ORMOND BEACH, FL 32175 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3895915 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent PATEL, D S 3000 N ATLANTIC AVE #5 DAYTONA BEACH, FL 32118 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PTD PATEL, D.S. <input type="checkbox"/> Delete 3000 NO. ATLANTIC AVE. #5 DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD PATEL, ANITA D <input type="checkbox"/> Delete 3000 NO. ATLANTIC AVE. DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnson Jan 823 Dunlanton Ave Suite C Post orange, FL 32128 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAGY, INGRID <input type="checkbox"/> Delete 23 CLEARY AVE. BUTLER, NJ 07405 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wagner mark 823 Dunlanton Ave. suite B Post orange, FL 32128 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: | | | 3/28/06 386-679-0322 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |