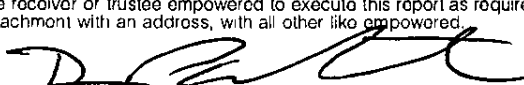


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3895915	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: 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-STATE-ZIP	PTD PATEL, D.S. 3000 NO. ATLANTIC AVE. #5 DAYTONA BEACH FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD JOHNSON, JAN 822 DUNLAWTON AVENUE SUITE C PORT ORANGE FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WAGNER, MARK 823 DUNLAWTON AVENUE SUITE B PORT ORANGE FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			U000000619047 02/08/07-80055-022 61.25		
SIGNATURE: 			1-20-07 386-679-0322		