

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003330

FILED
May 24, 2007
Secretary of State

Entity Name: PARK ALTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

749 ALTALOMA AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 536025
ORLANDO, FL 32853

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARS, ANTHONY C
749 ALTALOMA AVENUE
ORLANDO, FL 32803 US

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: PD () Delete
Name: MARS, ANTHONY C
Address: 749 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803

Title: ST () Delete
Name: MARS, KIMBERLY L
Address: 749 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: CHAMBLISS, CRYSTAL
Address: 1800 PARK LAKE STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: PATE, DANIEL
Address: 1800 PARK LAKE ST
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY C MARS

PD

05/24/2007

Electronic Signature of Signing Officer or Director

_____ Date