

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003330

FILED  
Apr 28, 2008  
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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date