
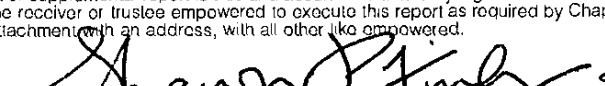


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006351 1. Entity Name ORANGE PORT BUSINESS VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5521 SOUTH RIDGEWOOD AVENUE UNIT 6 PORT ORANGE FL 32127			Mailing Address 5521 SOUTH RIDGEWOOD AVENUE UNIT 6 PORT ORANGE FL 32127		
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 59-3677596	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINLEY, SHAWN 5521 S. RIDGEWOOD AVENUE UNIT 6 PORT ORANGE FL 32127				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 registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	PD BAKER, PAUL 5521SO RIDGEWOOD UNIT #4 PORT ORANGE FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000763644 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/30/07-80020-015 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNORS, KEN 5521SO RIDGEWOOD UNIT #4 PORT ORANGE FL 32127	<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	STD FINLEY, SHAWN 5521SO RIDGEWOOD UNIT #4 PORT ORANGE FL 32127	<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	
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 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.					
SIGNATURE:  Shawn Finley 5.1.07 316-756-8676					