

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**



40064641



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3694912	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>DOCUMENT # N00000007576</b>				04-17-2007 90046 004 ****61.25							
<b>1. Entity Name</b> CORINTH CONDOMINIUM ASSOCIATION, INC.				<div>40064641</div> <div></div> <div>02022007    Chg-NP    CR2E037 (12/06)</div> <div><table border="1"><tr><td>4. FEI Number</td><td>59-3694912</td><td>Applied For</td></tr><tr><td colspan="2"></td><td>Not Applicable</td></tr></table></div> <div>5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</div>		4. FEI Number	59-3694912	Applied For			Not Applicable
4. FEI Number	59-3694912	Applied For									
		Not Applicable									
<b>Principal Place of Business</b> STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		<b>Mailing Address</b> STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573									
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country								
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>							
LAW OFF. J R DE FURIO, P.A. 201 E KENNEDY BLVD TAMPA, FL 33602				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City	FL    Zip Code						
<b>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.</b>											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____											
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANNABLE, EDWIN 1244 CORINTH GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORLOFSKY, MARION 1221 CORINTH GREENS DR. SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORLOFSKY, GARY 1221 CORINTH GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENTON, MARY LOU 1216 CORINTH GREENS DR. SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, CHARLIE 1209 CORINTH GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTTER, ELSIE 1252 CORINTH GREENS DR. SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTZLER, GARY 1205 CORINTH GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARBES, KENNETH 1236 CORINTH GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP									
<b>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.</b>											
SIGNATURE: <i>Edwin Annable</i> PRES.		4-6-07    634-4231									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #									