2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007589

1. Entity Name
ALTALOMA COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
839 ALTALOMA AVENUE ORLANDO, FL 32803	839 ALTALOMA AVE ORLANDO, FL 32803

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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3723361

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, DARYL G
839 ALTALOMA AVE
ORLANDO, FL 32803

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JACKSON, CHARLES
STREET ADDRESS	122 HERON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	PD
NAME	HUMES, BRANDON
STREET ADDRESS	835 ALTALOMA AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	ST
NAME	WYATT, DONNA C
STREET ADDRESS	839 ALTALOMA AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	GRAHAM, DARYL G
STREET ADDRESS	839 ALTALOMA AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Donna C Wyatt DONNA C WYATT 1/15/08 407 896 5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #