

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-27-2006 90184 046 ****61.25

DOCUMENT # N00096

1. Entity Name
PARK AVENUE NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2180 PARK AVENUE NORTH
SUITE 100
WINTER PARK, FL 32789**

Mailing Address
**2180 PARK AVENUE NORTH
SUITE 100
WINTER PARK, FL 32789**

66017272



2. Principal Place of Business

3. Mailing Address

PO Box 2011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006 Chg-NP

CR2E037 (11/05)

City & State

City & State

Winter Park, FL.

4. FEI Number
59-2381518

Applied For
Not Applicable

Zip

Country

Zip

Country

32789

Orange.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RASH, LARRY
2180 PARK AVENUE NORTH
SUITE 322
WINTER PARK, FL 32789**

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

[Signature]

4/24/06

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **PD President** ☐ Delete
NAME **RASH, LARRY**
STREET ADDRESS **2180 PARK AVE N SUITE 322**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD Vice President** ☐ Delete
NAME **WARMAN, MAUREEN**
STREET ADDRESS **2180 PARK AVE N SUITE 230**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD Secretary** ☐ Delete
NAME **BLANKEMEIER, JOHN**
STREET ADDRESS **2180 PARK AVE N SUITE 320**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **GOLDSMITH, KAREN**
STREET ADDRESS **2180 PARK AVE N SUITE 100**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Dean Yianilos**
STREET ADDRESS **2180 Park Avenue North Suite 204**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **Secretary** ☐ Delete
NAME **TATUM, JOHN**
STREET ADDRESS **2180 PARK AVE N, STE 328**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] **Larry Rash** **4/24/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #