


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90012 011 \*\*\*\*61.25

<b>DOCUMENT # N00096</b> 1. Entity Name <b>PARK AVENUE NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 PARK AVENUE NORTH</b> <del>SUITE 100</del> <b>WINTER PARK, FL 32789</b>			Mailing Address <b>P.O. BOX 2011</b> <b>WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03192008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-2381518</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RASH, LARRY</b> <b>2180 PARK AVENUE NORTH</b> <b>SUITE 322</b> <b>WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name <b>John Blankemeier</b> Street Address (P.O. Box Number is Not Acceptable) <b>2180 Park Ave N Suite 320</b> <b>Winter Park</b> <b>32789</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees.</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WARMAN, MAUREEN</b> <b>2180 PARK AVE N SUITE 230</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RASH, LARRY</b> <b>2180 PARK AVE N SUITE 322</b> <b>WINTER PARK, FL 32789</b> <input checked="" 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	S <b>BLANKEMEIER, JOHN</b> <b>2180 PARK AVE N SUITE 320</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>YIANILOS, DEAN</b> <b>2180 PARK AVENUE NORTH SUITE 204</b> <b>WINTER PARK, FL 32789</b> <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	AS <b>TATUM, JOHN</b> <b>2180 PARK AVE N, STE 328</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" 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 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:</b> <i>Maureen Warman</i> <b>3/26/07</b> <b>407-740-7610</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					