2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N01000004532

Entity Name: MOUNT VERNON CONDOMINIUM ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3694786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SMITH, TODD	
Address:	1002 MOUNT VERNON ST	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VPD	( ) Delete
Name:	DAVID, MICHAEL	
Address:	1008 MOUNT VERNON ST	
City-St-Zip:	ORLANDO, FL 32803	
Title:	SD	(X) Delete
Name:	TENGEN, CHERYLE	
Address:	1004 MOUNT VERNON ST	
City-St-Zip:	ORLANDO, FL 32803	
Title:	TD	( ) Delete
Name:	PRICE, SYLVIA	
Address:	511 N HYER AVE	
City-St-Zip:	ORLANDO, FL 32803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SMITH, TODD	
Address:	833 N FERNCREEK AVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD SMITH PD 03/21/2005

Electronic Signature of Signing Officer or Director — Date