2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006785

1. Entity Name
OMEGA APARTMENTS RESIDENT ASSOCIATION INC.

Principal Place of Business	Mailing Address
2811 GAMMA DR. ORLANDO, FL 32810	2811 GAMMA DR. ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

04242008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, MANUEL
7480 KAPPA COURT
ORLANDO, FL 32810

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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 4/25/08

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

U00000950457
06/03/08-80069-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROJAS, MANUEL
STREET ADDRESS	7480 KAPPA CT.
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	VP
NAME	LYNAM, HERBERT
STREET ADDRESS	2559 GAMMA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	T
NAME	CAMPBELL, CAMERON
STREET ADDRESS	7404 KAPPA COURT
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____   4/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #