

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90078 036 \*\*\*\*61.25

<b>DOCUMENT # N02000001848</b>					
<b>1. Entity Name</b> J.L.M. CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2809 N POWER DRIVE SUITE A ORLANDO, FL 32818			<b>Mailing Address</b> 2180 PARK AVENUE NORTH SUITE 220 WINTER PARK, FL 32792		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2809 N. Powers Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A			
City & State		City & State Orlando, FL			
Zip	Country	Zip 32818	Country ORANGE	<b>4. FEI Number</b> 01-0641400	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GRAY, DR. DANIEL JR. 2809 N POWER DRIVE SUITE A ORLANDO, FL 32818			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <u>Daniel Gray Jr.</u> <u>Daniel Gray Jr.</u> <u>7-6-07</u> <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 September 14, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> GRAY, DANIEL DR.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2809 POWERS DRIVE #A	CITY-ST-ZIP ORLANDO, FL 32818		<b>NAME</b>	<b>STREET ADDRESS</b> 2809 N. Powers Dr. # D	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32818		<b>CITY-ST-ZIP</b>	ORLANDO, FL 32818	
<b>TITLE</b> VD	<b>NAME</b> RAYMOND, SHEENA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2809 POWERS DRIVE #C	CITY-ST-ZIP ORLANDO, FL 32818		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32818		<b>CITY-ST-ZIP</b>	ORLANDO, FL 32818	
<b>TITLE</b> STD	<b>NAME</b> ARIFUDDEN, RIAZ DR.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2809 POWERS DRIVE #B	CITY-ST-ZIP ORLANDO, FL 32818		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32818		<b>CITY-ST-ZIP</b>	ORLANDO, FL 32818	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>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: <u>Daniel Gray Jr.</u> <u>Daniel Gray Jr.</u> <u>7-6-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					