


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # N02000001848 1. Entity Name J.L.M. CONDOMINIUM ASSOCIATION, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 2809 N POWER DRIVE SUITE A ORLANDO, FL 32818 | Mailing Address 2809 N POWER DRIVE SUITE A ORLANDO, FL 32818 |
|---|---|



04112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 01-0641400 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent GRAY, DR. DANIEL JR. 2809 N POWER DRIVE SUITE A ORLANDO, FL 32818 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 04/25/08-80119-024 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRAY, DANIEL DR. 2809 POWERS DRIVE #A ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THELUSMA, ROBERT 2809 N POWER DRIVE SUITE #D ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ARIFUDDEN, RIAZ DR. 2809 POWERS DRIVE #B ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: Daniel Gray, Jr. 4-11-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 407-29-1056