2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002052

FILED Aug 11, 2006 Secretary of State

Entity Name: THE ASHEVILLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3048 VIRGINIA ST. 3046 VIRGINIA ST

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

3048 VIRGINIA ST 3046 VIRGINIA ST

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KINTZING, WILLIAM F CARROLL, MARK R 3048 VIRGINIA STREET 3046 VIRGINIA STREET

COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 US

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: MARK CARROLL 08/11/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 KINTZING, WILLIAM F
 Name:
 MCWILLIAMS, ZACHARY

 Address:
 3048VIRGINIA ST
 Address:
 3048 VIRGINIA ST

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 COCONUT GROVE, FL 33133

Title: D (X) Delete Title: () Change () Addition

Name: NOEL, BONNITA F Name:

 Name:
 NOEL, BONNITA F
 Name:

 Address:
 3048 VIRGINIA ST
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CARROLL, MARK
 Name:

 Address:
 3046 VIRGINIA ST.
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CARROLL, LISA
 Name:

 Address:
 3046 VIRGINIA ST.
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARK CARROLL MR. 08/11/2006