FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90030 042 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005733

1. Entity Name
ALVARADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10596 ALVARDO COURT SEMINOLE, FL 33772	10596 ALVARDO COURT SEMINOLE, FL 33772

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01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
45-0484812
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, III, GEORGE L ESQ.
4701 CENTRAL AVENUE
SUITE A
ST. PETERSBURG, FL 33713-8139

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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
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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUGHES, DAVID M
STREET ADDRESS	10596 ALVARDO COURT
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DVP
NAME	KRIVISKI, KIMBERLY A
STREET ADDRESS	10596 ALVARDO COURT
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DST
NAME	LEONARDO, DARRYL
STREET ADDRESS	10596 ALVARDO COURT
CITY-ST-ZIP	SEMINOLE, FL 33772
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: Darryl Leonardo DARRYL LEONARDO 1/6/08 7273986395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #