

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90199 002 ****61.25

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01182008 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000007118 1. Entity Name ACADEMY RESORT LODGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5500 34TH STREET W BRADENTON, FL 34210		Mailing Address 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762	
2. Principal Place of Business - No P.O. Box # 3001 Executive Dr Suite, Apt. #, etc. Suite 260		3. Mailing Address Suite, Apt. #, etc. 	
City & State Clearwater FL		City & State 	
Zip 33762	Country Pinellas	Zip 	Country
4. FEI Number 20-3404220		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BREUNICH, GREGORY C <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BREUNICH, GREGORY C	NAME	
STREET ADDRESS	5500 34TH STREET W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MCNEAL, JEFF	NAME	
STREET ADDRESS	5500 34TH STREET W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MEEKMA, TED	NAME	
STREET ADDRESS	5500 34TH STREET W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Jeffery McNeal</i> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/26/08</i> Daytime Phone #: <i>941 752-2480</i>	