2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N03000009164 Entity Name ______ 06-05-2006 90150 026 ****61.25 EOLA SOUTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ILIUAUUU 79 W ILLIANA ST 79 W ILLIANA ST ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 51-0503684 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent and Associates []_@ Asher DON ASHER & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 52 E SOUTH STREET ORLANDO FL 32801 Avenue City Zip Code 32506 8. The above named entity submits this statement or 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 INOTE: Par tered Agent signature required when reinstating) · TE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS President TITLE Delete TITLE Change Addition USTLER, CRAIG T NAME Curt Stivers 1 South Eola Dr #7 236 PASADENA PLACE STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP Octando, F1 3280 Treasurer TITLE Detete TITI F **X** Addition Change RAMPY, PHILIP NAME NAME Susan Jenkins 1 South Eda On # 17 11 N SUMMERLIN AVE STREET ADDRESS STREET ADDRESS Orlando, Fl 32801 ORLANDO FL 32801 CITY-ST-ZIP CITY - ST - ZiP TITLE Delete TITLE Secretary ☐ Change Addition George Massar WARLOW, T. PICTON IV NAME STREET ADDRESS 79 W ILLIANA ST STREET ADDRESS 1 South Eda Dr # 13 CITY-ST-ZIF ORLANDO FL 32806 CITY - ST - ZIP Orlando, FI 32801 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition 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 Section 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 any glackment with an address, with all other like empowered.

IGNATURE: FEOREX: Wassar &

7 mar.06

FILED

Jun 05, 2006 8:00 am