

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 016 \*\*\*\*61.25

**DOCUMENT # N03000009532**

1. Entity Name  
**LAWSONA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**200 COLONIAL CENTER PKWY STE 130  
LAKE MARY, FL 32746**

Mailing Address  
**200 COLONIAL CENTER PKWY STE 130  
LAKE MARY, FL 32746**



2. Principal Place of Business  
**30 N. LAWSONA BLVD**

3. Mailing Address  
**30 N. LAWSONA BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

Zip  
**32801**

Country  
**USA**

Zip  
**32801**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**MOTTRAM, JEFFREY S  
200 COLONIAL CENTER PKWY STE 130  
LAKE MARY, FL 32746**

**7. Name and Address of New Registered Agent**

Name **JOHANNAH DIDONNELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**30 N. LAWSONA BLVD.**  
City **ORLANDO** FL Zip Code **32801**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/6/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOTTRAM, JEFFREY 200 COLONIAL CENTER PARKWAY, SUITE 130 LAKE MARY, FL 32746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P D JOHANNAH DIDONNELL 30 N. LAWSONA BLVD. ORLANDO FL 32801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LINDA GEBHARD 1306 E. WASHINGTON ST. ORLANDO FL 32801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/6/06** DAYTIME PHONE # **407-902-7661**