
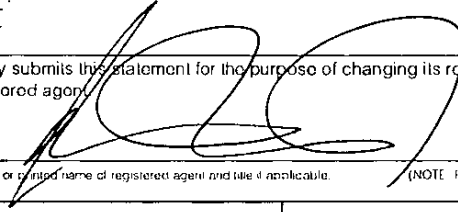


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90051 039 ****61.25

DOCUMENT # N04000004853			
1. Entity Name 2500 NW 6TH STREET CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4572 PALMETTO AVENUE WINTER PARK FL 32792		Mailing Address 4572 PALMETTO AVENUE WINTER PARK FL 32792	
2. Principal Place of Business - No P.O. Box # 1839 SW COLLEGE RD		3. Mailing Address 1839 SW COLLEGE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FL 34474		City & State OCALA, FL 34474	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VINAS, ISRAEL 4572 PALMETTO AVENUE WINTER PARK, FL FL 32792		7. Name and Address of New Registered Agent Name BERTRAND J. HEUSER JR Street Address (P.O. Box Number is Not Acceptable) 1839 SW COLLEGE RD City OCALA FL Zip Code 34474	
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 2/15/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			



1st MOORE CR2E037 (10/06)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D VINAS, ISRAEL 4572 PALMETTO AVENUE WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRES/D BERTRAND J. HEUSER 1839 SW COLLEGE RD OCALA, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D VINAS, CATHY 4572 PALMETTO AVENUE WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP/D DAVID C. ASHCROFT 9491 SW 14TH AVE OCALA, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DEVLIN, WILLIAM 4572 PALMETTO AVENUE WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

407 678-1360

Date

Daytime Phone #