

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90400 035 ****61.25

14013529



04222005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-2152805** Applied For ☐ Not Applicable

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

DOCUMENT # N04000008246
1. Entity Name
OLD DELANEY SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1529 CATHERINE ST., #30
ORLANDO, FL 32801**

Mailing Address
**1529 CATHERINE ST., #30
ORLANDO, FL 32801**

2. Principal Place of Business
**100 E. Sybelia Avenue
#130**

3. Mailing Address
**100 E. Sybelia Avenue
Suite, Apt. #, etc. #130**

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751

Country
Orange

Zip
32751

Country
Orange

6. Name and Address of Current Registered Agent
**SAVKO, JIM
1708 MORNINGSIDE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent
Name **KL Management Group, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
100 E. Sybelia Avenue
City **Maitland.** FL **32751**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Douglas Chaffee
STREET ADDRESS		STREET ADDRESS	100 E. Sybelia Avenue #130
CITY-ST-ZIP		CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Robert Nolan
STREET ADDRESS		STREET ADDRESS	100 E. Sybelia Avenue #130
CITY-ST-ZIP		CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S/T Jim Savko
STREET ADDRESS		STREET ADDRESS	100 E. Sybelia Avenue #130-
CITY-ST-ZIP		CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: **Keith R. Kiezbak** **04/27/05** **407/740-8081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #