
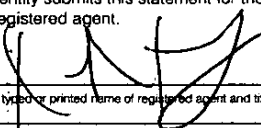
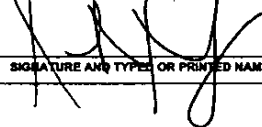


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90021 027 ****61.25

DOCUMENT # N04000008246 1. Entity Name OLD DELANEY SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1360 N. GOLDENROD RD SUITE 12 ORLANDO, FL 32807			Mailing Address 1360 N. GOLDENROD RD SUITE 12 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE MAITLAND, FL 32751			Name Keith R. Kiebzak Street Address (P.O. Box Number is Not Acceptable) c/o KL Management Group, Inc. 1360 N. Goldenrod Rd. 12 City Orlando FL Zip Code 32807		
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 		Keith R. Kiebzak <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/30/08 <small>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 NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, ROBERT 100 E. SYBELIA AVENUE #130 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nolan, Robert 1360 N. Goldenrod Rd 12 Orlando FL 32807
				<input checked="" 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	PD Charland, Rose 1360 N. Goldenrod Rd Orlando FL 32807	
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sindler, Amy 1360 N. Goldenrod Rd 12 Orlando FL 32807	
				<input type="checkbox"/> Change	<input checked="" 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	
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: 		Keith R. Kiebzak <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/08 <small>Date</small>	407/482-2622 <small>Daytime Phone #</small>