2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008246

FILED Apr 15, 2009 Secretary of State

Entity Name: OLD DELANEY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1360 N. GOLDENROD RD SUITE 12 ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

1360 N. GOLDENROD RD SUITE 12 ORLANDO, FL 32807

FEI Number: 20-2152805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KIEBZAK, KEITH R
KIEBZAK, KEITH R

C/O KL MANAGEMENT GROUP, INC.
ORLANDO, FL 32807 US

C/O KL MANAGEMENT GROUP, INC.
1360 N. GOLDENROD SUITE 12
ORLANDO, FL 32807 US

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.

SIGNATURE: KEITH R. KIEBZAK 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 STD () Delete
 Title:
 VSTD (X) Change () Addition

 Name:
 NOLAN, ROBERT
 Name:
 NOLAN, ROBERT

 Address:
 1360 N GOLDENROD RD 12
 Address:
 1360 N GOLDENROD RD 12

City-St-Zip: ORLANDO, FL 32807 Address: 1360 N GOLDENROD RI

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 ROSE, CHARLAND

ROSE, CHARLAND

 Address:
 1360 N GOLDENROD RD
 Address:
 1360 N GOLDENROD RD 12

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807

Title: VD (X) Delete Title: () Change () Addition
Name: SINDLER, AMY Name:

 Name:
 SINDLER, AMY
 Name:

 Address:
 1360 N GOLDENROD RD 12
 Address:

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH R. KIEBZAK RA 04/15/2009