

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 PM 1:16



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000010929</b><br>1. Entity Name<br><b>THE GRANDE DOWNTOWN ORLANDO CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                 |                                                                              |
| Principal Place of Business<br><b>7200 LAKE ELLENOR DRIVE<br/>SUITE 241<br/>ORLANDO, FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                                                 | Mailing Address<br><b>7200 LAKE ELLENOR DRIVE<br/>SUITE 241<br/>ORLANDO, FL 32809</b>                                                                                                                                          |                                                                                 |                                                                              |
| 2. Principal Place of Business<br><b>300 E. SOUTH ST.<br/>Suite, Apt. #, etc.<br/>MANAGERS OFFICE<br/>City &amp; State<br/>ORLANDO FL<br/>Zip<br/>32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | 3. Mailing Address<br><b>300 E. SOUTH ST.<br/>Suite, Apt. #, etc.<br/>MANAGERS OFFICE<br/>City &amp; State<br/>ORLANDO FL<br/>Zip<br/>32801</b> |                                                                                                                                                                                                                                |                                                                                 |                                                                              |
| 4. FEI Number<br><b>20-2232906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                         |                                                                                 |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                                                 | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                          |                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>MARTIN, ANTHONY C<br/>7200 LAKE ELLENOR DRIVE<br/>SUITE 241<br/>ORLANDO, FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name <b>PATRICK C. HOWELL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>850 CONCOURSE PKWY. S.<br/>SUITE #105<br/>City<br/>MAITLAND FL Zip Code<br/>32751</b> |                                                                                 |                                                                              |
| 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.<br>SIGNATURE <u><i>[Signature]</i></u> DATE <b>10/12/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                           |                                                                              |                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                 |                                                                              |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                |                                                                                                                                                                                                                                | <b>\$5.00 May Be Added to Fees</b>                                              |                                                                              |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                          |                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>BIRDMAN, LOUIS<br>7200 LAKE ELLENOR DRIVE #241<br>ORLANDO, FL 32809    | <input checked="" type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | PD<br>MARIAM MOHSENIN<br>9291 TEFLER RUN<br>ORLANDO FL 32817                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VD<br>MARTIN, ANTHONY C<br>7200 LAKE ELLENOR DRIVE #241<br>ORLANDO, FL 32809 | <input checked="" type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | VD<br>KELLY BROCK<br>300 EAST SOUTH ST #5009<br>ORLANDO FL 38                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STD.<br>HIRSCH, HERBERT<br>7200 LAKE ELLENOR DRIVE #241<br>ORLANDO, FL 32809 | <input checked="" type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | STD<br>COURTNEY SUSAN FLEMMING<br>204 EAST SOUTH ST. #4059<br>ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u><i>M. Mohsenin</i></u> (President) <span style="float: right;">(407) 325-7596</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                 |                                                                              |
| MARIAM MOHSENIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                 |                                                                              |