

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 019 ****61.25

DOCUMENT # N04000010929 1. Entity Name THE GRANDE DOWNTOWN ORLANDO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 EAST SOUTH STREET MANAGERS OFFICE ORLANDO, FL 32801			Mailing Address 300 EAST SOUTH STREET MANAGERS OFFICE ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2232906	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOWELL, PATRICK C 850 CONCOURSE PARKWAY SOUTH, STE 105 MAITLAND, FL -32751					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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)					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHSENIN, MARIAM 9291 TEFLER RUN ORLANDO, FL 32817 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROCK, KELLY 300 EAST SOUTH STREET, #3009 ORLANDO, FL 32801 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEMMING, COURTNEY SUSAN 204 EAST SOUTH STREET, #4059 ORLANDO, FL 32801 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
VD BROCK, KELLY 300 EAST SOUTH STREET #5009 ORLANDO, FL 32801 ☒ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: M. Mohsenin MARIAM MOHSEININ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/9/2006 Daytime Phone # (407) 736-2877					