

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # N04591

1. Entity Name
609 BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
609 MAITLAND AVENUE
C/O ROGER B. NOFSINGER
ALTAMONTE SPRINGS, FL 32701

Mailing Address
609 MAITLAND AVENUE
C/O ROGER B. NOFSINGER
ALTAMONTE SPRINGS, FL 32701



04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2525074 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

NOFSINGER, ROGER B.
609 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD NOFSINGER, ROGER B. 609 MAITLAND AVENUE ALTAMONTE SPRGS., FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD LANE, TIMOTHY M 609 MAITLAND AVENUE ALTAMONTE SPRGS., FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JACKSON, DOUGLAS 609 MAITLAND AVENUE ALTAMONTE SPRGS., FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

1000000309338
04/16/05-80033-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05 407 830 9800