

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 004 ****61.25

DOCUMENT # N05000002993					
1. Entity Name 1196, UNIT 7 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3525 W LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746-3461			Mailing Address 3525 W LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746-3461		
2. Principal Place of Business 899 OUTER ROAD STE C		3. Mailing Address 899 OUTER ROAD STE C			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 47-0960112	
Zip 32814		Country ORANGE		Applied For <input type="checkbox"/> Not Applicable	
Zip 32814		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARKINS, C WILLIAM 3525 W LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746-3461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>[Signature]</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 DPT NAME HARKINS, C WILLIAM STREET ADDRESS 3525 W LAKE MARY BLVD SUITE 306 CITY-ST-ZIP LAKE MARY, FL 327463461	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME KIMBERLY McNAMEE STREET ADDRESS 899 OUTER ROAD SUITE C CITY-ST-ZIP ORLANDO FL 32814	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME HARKINS, MATT STREET ADDRESS 3525 W LAKE MARY BLVD SUITE 306 CITY-ST-ZIP LAKE MARY, FL 327463461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME VINACKE, AL STREET ADDRESS 3525 W LAKE MARY BLVD SUITE 306 CITY-ST-ZIP LAKE MARY, FL 327463461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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	<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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/6/06</u>		Daytime Phone # <u>407-228-2838</u>