2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000004085

TI FILED
Sep 23, 2009
Secretary of State

Entity Name: AUDUBON PLACE CITY CONDOMINIUM ASSOCIATION, INC.

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

2800 PLAZA TERRACE DRIVE ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

2800 PLAZA TERRACE DRIVE ORLANDO, FL 32803

FEI Number: 20-2998029 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:

SULLIVAN, PATRICIA 2800 PLAZA TERRACE DRIVE ORLANDO, FL 32803 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:

City-St-Zip:

Flateria Circulus of Business I Asset

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ORLANDO, FL 32803

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

Name: SMITH, DANIEL Name: SMITH, DANIEL

 Address:
 2966 PLAZA TERRACE DR
 Address:
 2966 PLAZA TERRACE DR

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32803

Title: PD () Delete Title: VSD (X) Change () Addition Name: INCE, CARSON Name: VAN BLARICOM, JAMES LUKE Address: 2872 PLAZA TERR DR Address: 2942 PLAZA TERR DR

Title: TD () Delete Title: () Change () Addition

 Name:
 SPRINGER, LINDSEY
 Name:

 Address:
 3060 PLAZA TERR. DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32803
 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: DANIEL SMITH PD 09/23/2009