

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005711

FILED
May 01, 2008
Secretary of State

Entity Name: MAINSTAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

707 PENNSYLVANIA AVE
SUITE 1300
ALTAMONTE SPRINGS, FL 327016414

New Principal Place of Business:

Current Mailing Address:

C/O INSURANCE BY KEN BROWN, INC.
P.O. BOX 948117
MAITLAND, FL 327948117

New Mailing Address:

FEI Number: 43-2086334 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KRIEGER, JARED DR.
707 PENNSYLVANIA AVE
1200
ALTAMONTE SPRINGS, FL 32701 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRIEGER, JARED DR.
Address: 707 PENNSYLVANIA AVE, SUITE 1200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: SCHMITT, SCOTT DR.
Address: 707 PENNSYLVANIA AVE, SUITE 1100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: BROWN, MARGARET MRS.
Address: 707 PENNSYLVANIA AVE, SUITE 1300
City-St-Zip: MAITLAND, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARGARET M BROWN

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05/01/2008

Electronic Signature of Signing Officer or Director

Date