2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008480

FILED Jun 23, 2006 8:00 am Secretary of State 06-05-2006 90151 011 ****61.25

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	A BROWNSTONES CONDO ITION, INC.	MINIUM)			
Principal Place 608 E CENTR ORLANDO, FL	RAL BLVD	Mailing Address 608 E CENTRAL BLVD ORLANDO, FL 32801		-	660	120513	
1801	CON Avenue	3 Majiling Address	Avenue	1 (1971)(11) (11) 24(11)			
Suite, Apt.		Suite, Apt. #, etc.		<u> </u>		CR2E037 (4/06)	plied For
City & State	ido Flonda	Orlando	-londa	AB-359	51934	<u> </u>	Applicable
3280	6. Name and Address of Ourrent Ri	3>806	Orpinge	Certificate of St Name and Add	- 14		
USTLER, C		7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)					
ORLANDO), FL 32801		1801	Cook	Avenu	Le Zio Code	
the obligat	named entity submits this statement for clons of registered agent.	the purpose of changing its re	ogistered office or regist	ered agent, or both, in	the State of Florida	Lam familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent on	d site if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating)		DATE	
	Filing Foo is \$61.25 Oue by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Bo Added to Fees	Make Florida	check payable to Department of St	ale
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANG	ES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD USTLER, CRAIG T 608 E CENTRAL BLVD ORLANDO, FL 32801	☐ Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	VPD RAMPY, PHILIP 11 N SUMMERLIN AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ Addition
CITY-ST-ZIP TITLE	ORLANDO, FL 32801 STIVERS, CURT 608 E CENTRAL BLVD ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addikion
			GF1-51-2F				☐ Addition
TITLE NAME SINEET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	
TITLE NAME STREET ADDRESS		☐ Deleta	name Street adoress		<u>.</u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS			NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS				Addition . Addition

changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: >	5/30/06	407-837-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dete	Daysime Prone a