

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 041 ****70.00

DOCUMENT # N05000009894

1. Entity Name
1377 SOUTH LEAVITT AVENUE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
1377 S LEAVITT AVE
SUITE 103
ORANGE CITY, FL 32763

Mailing Address
690 A EAST RHODE ISLAND AVENUE
ORANGE CITY, FL 32763

60043034

2. Principal Place of Business - No P.O. Box #
1377 S. Leavitt Ave
Suite, Apt. #, etc.
Suite 103
City & State
Orange City, Fl.
Zip
32763
Country
USA

3. Mailing Address
1377 S. Leavitt Ave
Suite, Apt. #, etc.
Suite 103
City & State
Orange City, Fl.
Zip
32763
Country
USA

03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3821977

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
BOOKER, KIM C
2582 SOUTH VOLUSIA AVENUE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent
Name
Polizzi, Lynnea M.
Street Address (P.O. Box Number is Not Acceptable)
1377 S. Leavitt Ave. Suite 103
City
Orange City FL Zip Code
32763

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]* DATE: 3-21-07

Signature typed or printed name of registered agent and title if applicable. ☒ E. Registered Agent signature required when reinstating.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

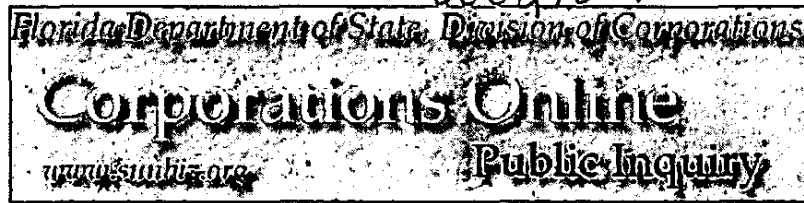
Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERRY, SEAN 1377 S LEAVITT UNIT 101 ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Berry, Sean 1377 S. Leavitt Ave. #101 Orange City, Fl. 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLIZZI, LYNNEA M 1377 UNIT 103 & 104, S. LEAVITT AVE ORANGE CITY, FL 32763 <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	ST BERRY, SEAN 1377 UNIT 101 S. LEAVITT AVE ORANGE CITY, FL 32763 <input checked="" 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	ST ALICEA, LUANA P 1377 S. LEAVITT AVE UNIT 102 ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Alicia, Luana P. 1377 S. Leavitt Ave #102 Orange City, Fl. 32763 <input checked="" 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: *[Signature]* DATE: 3-21-07 DAYTIME PHONE #: 386-774-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Florida Non Profit

1377 SOUTH LEAVITT AVENUE CONDOMINIUM ASSOCIATION, INC.

PRINCIPAL ADDRESS

1377 S LEAUITT AVE
SUITE 103
ORANGE CITY FL 32763
Changed 03/15/2006

MAILING ADDRESS

690 A EAST RHODE ISLAND AVENUE
ORANGE CITY FL 32763

Document Number
N05000009894

FEI Number
593821977

Date Filed
09/23/2005

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
BOOKER, KIM C 2582 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763

Officer/Director Detail

Name & Address	Title
BERRY, SEAN 1377 S LEAUITT UNIT 101 ORANGE CITY FL 32763	VP
POLIZZI, LYNNEA M 1377 UNIT 103 & 104, S. LEAVITT AVE ORANGE CITY FL 32763	P
BERRY, SEAN 1377 UNIT 101 S. LEAVITT AVE ORANGE CITY FL 32763	ST

#105000009894

ALICEA, LUANA P 1377 S. LEAUITT AVE UNIT 102 ORANGE CITY FL 32763	ST
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Annual Reports

Report Year	Filed Date
2006	03/15/2006

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

03/15/2006 -- ANN REP/UNIFORM BUS REP
09/23/2005 -- Domestic Non-Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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