
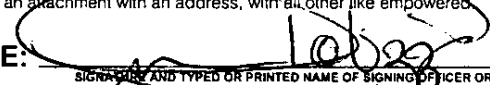


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90057 034 ****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 1377 S LEAVITT AVE SUITE 103 ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3821977	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLIZZ, LYNNEA M 1377 S LEAVITT AVE SUITE 103 ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VP BERRY, SEAN <input checked="" type="checkbox"/> Delete 1377 S LEAVITT AVE #101 ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete POLIZZI, LYNNEA M 1377 UNIT 103 & 104, S. LEAVITT AVE ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PYST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition POLIZZI, Lynnea 1377 S. LEAVITT AVE Units 103 & 104 ORANGE CITY, FL 32763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete ALICEA, LUANA P 1377 S LEAVITT AVE #102 ORANGE CITY, FL 32763		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: 			Date: 4-10-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 386-774-8244		