

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90179 029 \*\*\*\*61.25

**DOCUMENT # N05000010047**

1. Entity Name  
**LOT 8 TOWN CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2574 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763**

Mailing Address  
**2574 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



**1019 Town Center Drive  
Orange City, Florida 32763**

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Orange City, Florida 32763**

3132007 Chg-NP CR2E037 (12/06)

FEI Number  
**20-1634533**

Applied For  
Not Applicable

Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WANAMAKER, JOHN  
2574 SOUTH VOLUSIA AVE  
ORANGE CITY, FL 32763**

**7. Name and Address of New Registered Agent**

Name  
*Same*  
Street Address (P.O. Box Number is Not Acceptable)  
*1019 Town Center Dr*  
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

*John Wanmaker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/4/07*

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANAMAKER, JOHN 2574 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HAUN, MICHAEL D 4795 PRESTBURY DRIVE SUWANEE, GA 30024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDIS, CHARLES 1056 N LEAVITT AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>George malki</i> <i>1043 Town Center Dr</i> <i>Orange City FL 32763</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Jose Lopez-Catron</i> <i>1067 Town Center Dr</i> <i>Orange City FL 32763</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secy</i> <i>Arnee Gonzalez</i> <i>1027 Town Center Dr</i> <i>Orange City FL 32763</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

*John Wanmaker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/4/07* Daytime Phone # *386-775-8493*