2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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DOCUMENT # N05000011573 1. Entity Name 8200 RESORT CONDOMINIUM ASSOCIATION, INC.							AM 9: 04 E. FLORIDA	•
5353 CONROY ROAD SUITE 200 53		Mailing Address 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811		Xa.	P		ν <u>ε</u> :	j.
Principal Place of Business 3. N		3. Mailing Address		_				
8200 Palm Parkway		8200 Palm Parkway						IKIIBI BI (84)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		101:	22006 Ct	hg-NP	CR2E037 (4/06)	
City & State		City & State		4. FE	l Number		I A	pplied For
Orlando, Florida (Orlando, Florida		2	0-396689	14	N	lot Applicable
Zip	Country	Zíp	Country	5. Ce	ertificate of St	atus Desired	\$8.75 Ad	ditional
32836		32836	USA				Fee Requin	ed
6. Name and Address of Current Registered Agent			Name	7. Na	me and Add	ress of New Re	gistered Agent	
VALBH, ANIL			Ivanie	Jvoti Na	nii			
5353 CON	IROY ROAD SUITE 200			ddress (P.O. Bo	x Number is t	Not Acceptable)		
ORLANDO	D, FL 32811			8200_Pa1	m Parky	way		
			City				FL Zip Coo	de
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office o	I r Lando r registered ager	nt, or both, in	the State of Flori	1 370	36 , and accept
CICNATURE	dewarm II					Inli	10/116	·
SIGNATURE .	Signature, typed or printery ame of registered agents	and trite if applicable. (NOTE:	Registered Agent signa	ure required when rains	stating)	10/1	18/06 DATE	
	Signature, yord or printery time of registered agent of Amended AR is \$61.25	and title if applicable. (NOTE: 9. Election Carn; Trust Fund Co		\$5.00	May Be to Fees	Ma	DATE ke check payable to Department of S	
	0 0	9. Election Camp Trust Fund Co	paign Financing ontribution.	□ \$5.00 Added	May Be to Fees) Ma Florid	ke check payable to be be because the best section of S	State
	Amended AR is \$61.25	9. Election Carm Trust Fund Co	paign Financing	□ \$5.00 Added	May Be to Fees) Ma Florid	ke check payable to Department of S	N 10
10.	Amended AR is \$61.25 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.	S5.00 Added ADDITIO	May Be to Fees	Ma Florid ES TO OFFICER	ke check payable to be be because the best section of S	State
10. TITLE NAME STREET ADDRESS	Amended AR is \$61.25 OFFICERS AND DIF PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 201	9. Election Carm Trust Fund Co	paign Financing ontribution. 11.	S5.00 Added ADDITION PD Raymono	May Be to Fees ONS/CHANGE	Ma Florid ES TO OFFICERS	ke check payable to Department of S	N 10
10. TITLE NAME	Amended AR is \$61.25 OFFICERS AND DIF PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 201 ORLANDO, FL 32811	9. Election Carm Trust Fund Co	paign Financing ontribution. 11. TITLE NAME	S5.00 Added ADDITION PD Raymone 5353 Co	May Be to Fees DNS/CHANGE Crous	Ma Florid ES TO OFFICERS	ke check payable to Department of S	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amended AR is \$61.25 OFFICERS AND DIF PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 20I ORLANDO, FL 32811 VD	9. Election Carm Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	S5.00 Added ADDITION PD Raymono	May Be to Fees DNS/CHANGE Crous	Ma Florid ES TO OFFICERS	ke check payable to Department of S	N 10
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10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 20I ORLANDO, FL 32811 VD PILLAY, SHEILA 5353 CONROY ROAD SUITE 20I	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S5.00 Added ADDITION PD Raymone 5353 Co	May Be to Fees ONS/CHANGI Crous Onroy R FL	Ma Florid ES TO OFFICERS se doad, Sui 32811	ke check payable da Department of S S AND DIRECTORS II **Exchange** te 200 Change	State N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811 VD PILLAY, SHEILA 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811	9. Election Carny Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S5.00 Added ADDITION PD Raymone 5353 Co	May Be to Fees ONS/CHANGI Crous Onroy R FL	Ma Florid ES TO OFFICERS se se soad, Sui 32811	ke check payable to be check payable to be compared to the com	State N 10 Addition Addition
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10. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIF PD GOVIND, SUNIL 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811 VD PILLAY, SHEILA 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811 STD HAFEEZ, REENATOL	9. Election Camp Trust Fund Content Fund Fund Fund Content Fund Fund Fund Fund Fund Fund Fund Fund	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITION Added ADDITION Added Raymond 5353 Contando STD Jacquel 5353 Contando	May Be to Fees MS/CHANGI Crous On FL 1 [1] 10/20/1 ine Rer	Ma Floric ES TO OFFICER: Se Soad, Sui 32811 DITE 1 B01067 ne' Searce oad, Suit	ke check payable to be check payable to be check payable to be check payable to be checked by the change to be checked by the	Addition Addition Addition Addition
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12. Thereby certify that the information supplied with this lifting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in the analystic rate 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 fursian employeed 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 physical like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN PAGE OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change ☐ Addition