

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*



10122006 Chg-NP CR2E037 (4/06)

DOCUMENT # N05000011573

1. Entity Name  
8200 RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
5353 CONROY ROAD SUITE 200  
ORLANDO, FL 32811

Mailing Address  
5353 CONROY ROAD SUITE 200  
ORLANDO, FL 32811

2. Principal Place of Business  
8200 Palm Parkway  
Suite, Apt. #, etc.

3. Mailing Address  
8200 Palm Parkway  
Suite, Apt. #, etc.

City & State  
Orlando, Florida

City & State  
Orlando, Florida

Zip Country  
32836 USA

Zip Country  
32836 USA

4. FEI Number  
20-3966894

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

VALBH, ANIL  
5353 CONROY ROAD SUITE 200  
ORLANDO, FL 32811

## 7. Name and Address of New Registered Agent

Name  
Jyoti Nanji  
Street Address (P.O. Box Number is Not Acceptable)  
8200 Palm Parkway  
City  
Orlando FL Zip Code  
32836

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/18/06

Amended AR is \$61.25

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 PD  
NAME GOVIND, SUNIL ☒ Delete  
STREET ADDRESS 5353 CONROY ROAD SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE VD  
NAME PILLAY, SHEILA ☐ Delete  
STREET ADDRESS 5353 CONROY ROAD SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE STD  
NAME HAFEEZ, REENATOL ☒ Delete  
STREET ADDRESS 5353 CONROY ROAD SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE PD ☒ Change ☐ Addition  
NAME Raymond Crouse  
STREET ADDRESS 5353 Conroy Road, Suite 200  
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100081083581  
10/20/06--01067--001 \*\*\*70.00

TITLE STD ☒ Change ☐ Addition  
NAME Jacqueline Rene' Searcy  
STREET ADDRESS 5353 Conroy Road, Suite 200  
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/06