
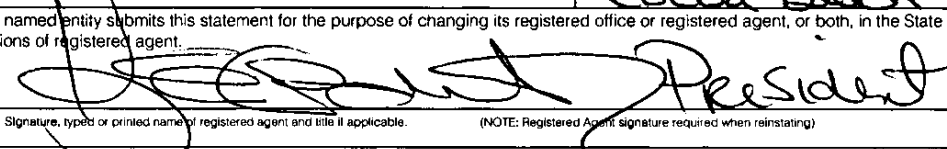
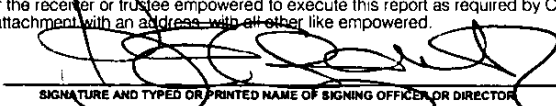


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 024 ****61.25

| | | | |
|---|---|--|--|
| DOCUMENT # N05000012415 1. Entity Name ALMAR CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 1493 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931 | | Mailing Address 1493 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 204 W. Cocoa Beach Cswy Suite, Apt. #, etc. | |
| City & State -- Zip -- -- Country -- | | City & State Cocoa Beach FL -- Zip -- -- Country -- 32931 U.S.A. | |
| 4. FEI Number 20-4225490 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOSLEY, CURTIS R ESQ. 1221 E NEW HAVEN AVENUE MELBOURNE, FL 32901 | | 7. Name and Address of New Registered Agent Name Keldor & Inc Street Address (P.O. Box Number is Not Acceptable) 204 W. Cocoa Beach Cswy City Cocoa Beach FL Zip Code 32931 | |
| 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:  President DATE: 3/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FORTNER, CHRISTOPHER R 275 W MAIN ST LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Karen Gunn - Bardot 204 W. Cocoa Beach Cswy Cocoa Beach FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WHITCRAFT, DANIEL 275 W MAIN ST LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Treasurer Larry Dunn 1493 S. Atlantic Ave. #301 Cocoa Beach FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST RUSSELL, TIM PO BOX 567 LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Dave Capraro 1493 S. Atlantic Ave #121 Cocoa Beach, FL 32931 <input type="checkbox"/> Change <input checked="" 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: 3/19/07 Daytime Phone #: (321) 394-7750 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: President | | | |

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03142007 Chg-NP CR2E037 (12/06)