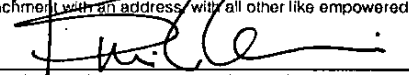


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90045 042 ****61.25

DOCUMENT # N05298 1. Entity Name DELANEY 500 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 DELANEY AVE. SUITE 404 ORLANDO, FL 32801			Mailing Address 500 DELANEY AVE. SUITE 404 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANIN, MYRNA F. 500 DELANEY AV. SUITE 404 ORLANDO, FL 32801				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BROOKS, STEPHEN DR. 500 DELANEY AV. #301 ORLANDO, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD Elisa Bustamante 500 Delaney Ave #402 Orlando, FL. 32801
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CANIN, BRIAN C. 500 DELANEY AV. #404 ORLANDO, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BROOKS, GAIL V. 500 DELANEY AV. #404 ORLANDO, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BUSTAMANTE, GUSTAVO 500 DELANEY AVE #402 ORLANDO, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Kirsten Nussbaum 500 Delaney Ave. #404 Orlando, FL. 32801
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3-17-05 407-422-4040 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

