

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05544

FILED
Jan 07, 2007
Secretary of State

Entity Name: P & S CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1551
MOUNT DORA, FL 32756

New Principal Place of Business:

PO BOX 1243
MOUNT DORA, FL 32756

Current Mailing Address:

PO BOX 1551
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-2824272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, GARY V
39829 CR 452
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: HAMMOND, GARY
Address: 39829 CR 452
City-St-Zip: LEESBURG, FL 34788

Title: VPD () Delete
Name: COLLINS, MARCUS
Address: 185 OAK SHADE CIR.
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: TOY, BILL
Address: BOX 52
City-St-Zip: PAISLEY, FL 32767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY V. HAMMOND

PDT

01/07/2007

Electronic Signature of Signing Officer or Director

Date