

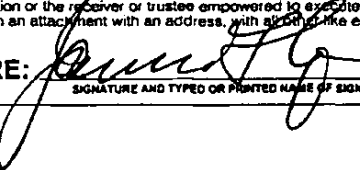
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/4/2007-90041-025-\$61.25-\$61.25

FILED

07 SEP 21 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001241					
1. Entity Name ORLANDO - APOKA AIRPORT SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4040 W. US HWY. 441 APOKA, FL 32768			Mailing Address 4040 W. US HWY. 441 APOKA, FL 32768		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1084266	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, JAMES P 1320 NORTHRIDGE DR. LONGWOOD, FL 32768			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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: _____					
Filing Fee is \$61.25 Due by May 1, 2007					
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	PTDV	☐ Delete			
NAME	THOMPSON, JAMES P				
STREET ADDRESS	4040 W. US HWY. 441				
CITY-ST-ZIP	APOKA, FL 32768				
TITLE	SD	☐ Delete			
NAME	SUMMERS, RANDY				
STREET ADDRESS	4040 W. US HWY. 441				
CITY-ST-ZIP	APOKA, FL 32768				
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		☐ 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					
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 a similar like empowered.					
SIGNATURE:  JAMES P.A. THOMPSON 3/15/07 407-886-7463					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					