

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000005371**

1. Entity Name  
**OFF BROADWAY POINT CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**1700 KENNEDY POINT  
1012  
OVIEDO, FL 32765**

Mailing Address  
**1801 OLDE RIVER TRAIL  
CHULUOTA, FL 32766**



02012008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4892775**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONWAY, LINDA  
1801 OLDE RIVER TRAIL  
CHULUOTA, FL 32766**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CONWAY, LINDA
STREET ADDRESS	1801 OLDE RIVER TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	VP
NAME	CONWAY, EDWARD
STREET ADDRESS	1801 OLDE RIVER TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	S
NAME	CONWAY, LINDA
STREET ADDRESS	1801 OLDE RIVER TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000838587  
03/05/08-80037-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Linda P. Conway* **Linda P. Conway** 2-19-08 407 365 4464