2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State

DOCUMENT # N06000006277 1. Entity Name CG VILLAS BUILDING I CONDOMINIUN ASSOCIATION, INC.							07-21-2008 90029 015 ****61.25				
Principal Place of Business 8390 CHAMPIONS GATE BLVD STE 100 CHAMPIONS GATE, FL 33896 CHAMPIONS GATE, FL 33896 CHAMPIONS GATE, FL 33896						40111	en t				
) Address) Champions Gate Blvd. Apl. #, etc.			07092008 Cho.NP CR2E037 (12/06)					
Scrite 104 Su City & State Cit Champions State FL Cha		Champ	upions Gate			4. FEI Numbe 20-5055		CR2E037	Apı	plied For	
Zip Country Zip 33896 Oscepta 338 6. Name and Address of Current Registered				Country Os coolo	<u>ل</u>	Certificate of Status Desired					
POPE, NICHOLAS A 215 N EOLA DRIVE ORLANDO, FL 32801					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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when ronstating) DATE											
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Camp					\$5.00 May Bo Added to Fees	e Fi	Make check orida Departr				
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFIC	CERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MITZNER, IRA 4669 SOUTHWEST FREEWAY: HOUSTON, TX 77027		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
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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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

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TITLE NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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7-16-08 407-397-2200

☐ Change

☐ Addition

Date Daytime Phone #