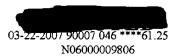
## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR ARRITED NAME OF BIDWING OFFICER ON DIRECTOR



DOCUMENT # N06000009806 FILED NORTH SEMINOLE CONDOMINIUM ASSOCIATION, INC. 07 JUL 26 AM 11:51 Principal Place of Business Mailing Address SECRETARY OF STATE 782 MONROE RD 782 MONROE RD TALLAHASSEE, FLORIDA SANFORD, FL 32771 SANFORD, FL 32771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Act. #. etc. Suite, Apt. #. etc. 01222007 Chg-NP CR2E037 (12/06) City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent NameL. A. Real Estate Inc. Lorece A. Misley MCINTOSH, HARRY Street Address (P.O. Box Number is Not Acceptable)
7523 Aloma Ave Ste 101 782 MONROE RD SANFORD, FL 32771 City Zio Code 32792 Winter Park 8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE \$5.00 May Be Added to Fees Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 TITLE III.E Deleta ☐ Addition SMITH, BRIAN NAME NAME 782 MONROE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP FITLE ☐ Delete TITLE ■ Addition KALE HERBULIS, ROBERT V MALE 790 MONROE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZP SANFORD, FL 32771 CITY-ST-ZP TITLE MILE Delete ☐ Change ■ Addition MCINTOSH, HARRY NAME 782 MONROE RD STREET ADDRESS STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZP CITY-ST-20P TITLE Delete MLE Change ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7P CITY-ST- 7P TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS OTY-51-29 CITY-ST-7P 12. I hereby certify that the information supplied with this filling 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.

2-13-07

Dayline Phone F