

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # N06000012958	
1. Entity Name ORLEANS PARK CONDOMINIUMS ASSOCIATION, INC.	

Principal Place of Business 310 BLOUNT ST., SUITE 108 TALLAHASSEE FL 32301	Mailing Address 310 BLOUNT ST., SUITE 108 TALLAHASSEE FL 32301
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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

1st MOORE CR2E037 (10/07)

4. FEI Number 26-0149850	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURROUGHS, BYRON 310 BLOUNT ST., SUITE 108 TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 with re-stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BURROUGHS, BYRON			NAME			
STREET ADDRESS	310 BLOUNT ST., SUITE 108			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP			
TITLE	DVP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ROSEN, PETER			NAME			
STREET ADDRESS	310 BLOUNT ST., SUITE 108			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP			
TITLE	DS	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MASTRY, MICHAEL			NAME			
STREET ADDRESS	310 BLOUNT ST., SUITE 108			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP			
TITLE	DT	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	HODGE, DANA			NAME			
STREET ADDRESS	310 BLOUNT ST., SUITE 108			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

2/26/08