## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003524

**FILED** Mar 24, 2008 Secretary of State

Entity Name: CITY VIEW OF OVIEDO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1920 BOOTHE CIRCLE SUITE 100 1920 BOOTHE CIRCLE SUITE 110

LONGWOOD, FL 32750 LONGWOOD, FL 32750

**Current Mailing Address: New Mailing Address:** 

1920 BOOTHE CIRCLE SUITE 100 1920 BOOTHE CIRCLE SUITE 110

LONGWOOD, FL 32750 LONGWOOD, FL 32750

FEI Number: 26-0517809 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, JON M HALL, JON M

1920 BOOTHE CIRCLE SUITE 100 1920 BOOTHE CIRCLE SUITE 110 LONGWOOD, FL 32750 LONGWOOD, FL 32750

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.

SIGNATURE: 03/24/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

HALL, SR., JON M HALL, SR., JON M Name: Name:

1920 BOOTHE CIRCLE SUITE 100 Address: 1920 BOOTHE CIRCLE SUITE 110 Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

Title: Title: () Delete (X) Change ( ) Addition

HALL, JON M Name: HALL, JON M Name: Address: 1920 BOOTHE CIRCLE SUITE 100 Address: 1920 BOOTHE CIRCLE SUITE 110

LONGWOOD, FL 32750

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change ( ) Addition GODDARD, PAUL M GODDARD, PAUL M Name: Name:

1920 BOOTHE CIRCLE SUITE 100 1920 BOOTHE CIRCLE SUITE 110 Address: Address:

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

DS

Title: DS ( ) Delete Title: (X) Change ( ) Addition DYKESRD, SUSAN S Name: Name: DYKES, SUSAN S

1920 BOOTHE CIRCLE SUITE 100 Address: Address: 1920 BOOTHE CIRCLE SUITE 110

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON M HALL SR Ρ 03/24/2008