2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003524

FILED Mar 29, 2009 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 110 801 INTERNATIONAL PKWY LONGWOOD, FL 32750

SUITE 500

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

1920 BOOTHE CIRCLE SUITE 110 801 INTERNATIONAL PKWY

LONGWOOD, FL 32750 SUITE 500

LAKE MARY, FL 32746

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

1620 TIMBER HILLS DRIVE 1920 BOOTHE CIRCLE SUITE 110 LONGWOOD, FL 32750 DELAND, FL 32724

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: 03/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

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

1920 BOOTHE CIRCLE SUITE 110 Address: 1620 TIMBER HILLS DRIVE Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: DELAND, FL 32724

Title: Title: (X) Change () Addition () Delete HALL, JON M Name: SILVER, TOBBY L Name:

Address: 1920 BOOTHE CIRCLE SUITE 110 Address: 801 INTERNATIONAL PKWY SUITE 500

City-St-Zip: LAKE MARY, FL 32746

LONGWOOD, FL 32750 City-St-Zip:

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

1920 BOOTHE CIRCLE SUITE 110 801 INTERNATIONAL PKWY SUITE 500 Address: Address:

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LAKE MARY, FL 32746

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

DYKES, SUSAN S Name: Name: ARRIGONI, JOSEPH

1920 BOOTHE CIRCLE SUITE 110 Address: Address: 1250 CITY VIEW CENTER City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: OVIEDO, FL 32765

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: TOBBY L. SILVER **VP** 03/29/2009