

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 23, 2008 8:00 am  
Secretary of State**

04-23-2008 90028 015 \*\*\*\*61.25

DOCUMENT # N07000005408		
1. Entity Name MONROE IV BUILDING "C" CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751	Mailing Address 2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P O BOX 940877</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>MAITLAND, FL</b>
Zip	Zip <b>32794</b>
Country	Country

6. Name and Address of Current Registered Agent  OSWALD & OSWALD, P.L. ATTN: KENNETH F OSWALD, ESQ 222 S WESTMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	---

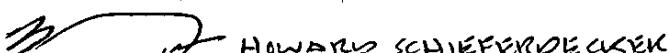
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEFERDECKER, HOWARD		NAME	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, GEORGE D		NAME	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGSTAFF, G GEOFFREY		NAME	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  **HOWARD SCHIEFERDECKER** Date **4/10/08** Daytime Phone # **(407)702-3131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR