## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N07125**

1. Entity Name

5300 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5306 CORTEZ RD., W. BRADENTON, FL 34210

Mailing Address

5306 CORTEZ RD., W. BRADENTON, FL 34210

## FILED Apr 21, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2619856

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, CHERYL 5306 CORTEZ RD WEST #4 BRADENTON, FL 34210

## DO NOT WRITE IN THIS SPACE

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)  100000013157 05.05.76890005-001-51, 25					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financi     Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, DEARL 5306 CORTEZ RD W. #1 BRADENTON, FL	į			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER REALTY, INC 5306 CORTEZ RD W, #4 BRADENTON, FL	:			
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	D CLEANERS, CORTESY 5306 CORTEZ RD., #5 BRADENTON, FL		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARNES, ROBERT 5306 CORTEZ RD W#3 BRADENTON, FL		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			,		

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:

STREET ADDRESS CITY+ST-ZIP

Of Arveil

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

9417943262

Dayume Phone #