


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90030 037 ****61.25

DOCUMENT # N07671 1. Entity Name A.C. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business %BOYLE MANAGEMENT 498 PLAM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address %BOYLE MANAGEMENT 498 PLAM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 498 Palm Springs DR #235		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2749928	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLE, JAMES 498 PLAM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs DR #235 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	PD SINGLETARY, VICKI 3703-8 S. LAKE ORLANDO PKWY ORLANDO, FL 32828	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SD LYNCH, JANET 3705 S. LK ORLANDO PKWY, #12 ORLANDO, FL 32808	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D HAMPTON, ROBERT 3729-6 S. LAKE ORLANDO PKWY ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D DOHERTY, SHERRIE 3713-4 S. LK. ORLANDO PKWY ORLANDO, FL 32808	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DT BROWN, PAM 3715 S LAKE ORLANDO PARKWAY #3 ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.					
TITLE	Director Jiffrey Mallit 3715 S Lake Orlando Parkway #1 Orlando FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Director Thomas Picerbo 3715 S Lake Orlando Parkway #11 Orlando FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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: Vicki Singletary Vicki Singletary 02/13/2007 407-296-0388					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					