


FILED

Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90027 032 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N07671					
1. Entity Name A.C. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 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.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2749928	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYLE, JAMES 498 PLAM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701 <i>Palmer</i>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Addition
NAME	SINGLETARY, VICKI		NAME	Gayle Dixon	
STREET ADDRESS	3703-8 S. LAKE ORLANDO PKWY		STREET ADDRESS	3715 S Lake Orlando Parkway	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando FL 32808	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JANET		NAME		
STREET ADDRESS	3705 S. LK ORLANDO PKWY, #12		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFET, JEFFREY		NAME		
STREET ADDRESS	3715 S. LAKE ORLANDO PKWY., 1		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, SHERRIE		NAME		
STREET ADDRESS	3713-4 S. LK. ORLANDO PKWY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECERBO, THOMAS		NAME		
STREET ADDRESS	3715 S. LAKE ORLANDO PKWY., 11		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		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: <i>Vicki Singletary</i> Vicki Singletary 02/04/2008 407-296-0356 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT, BOARD OF DIRECTORS, A.C. CONDOMINIUM ASSOC., INC.					

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