

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07671

FILED
Jun 07, 2009
Secretary of State

Entity Name: A.C. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

498 PLAM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

%BOYLE MANAGEMENT
498 PLAM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2749928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOYLE, JAMES
498 PLAM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINGLETARY, VICKI
Address: 3703-8 S. LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32828

Title: SD () Delete
Name: LYNCH, JANET
Address: 3705 S. LK ORLANDO PKWY, #12
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: DOHERTY, SHERRIE
Address: 3713-4 S. LK. ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: DECERBO, THOMAS
Address: 3715 S. LAKE ORLANDO PKWY., 11
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: DIXION, GAYLE
Address: 3715 S LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICKI SINGLETARY

Electronic Signature of Signing Officer or Director

MRS

06/07/2009

Date