2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08421

FILED Mar 20, 2008 Secretary of State

Entity Name: THE ORMONDY CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-2514660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VERSTAY, RICK VERSTAY, RICK Name: Name: 1513 OCEAN SHORE BLVD. # E-3 Address: 1513 OCEAN SHORE BLVD # E-3 Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176 Title: PD () Delete Title: (X) Change () Addition REEFER, HAROLD Name: LEO, FRANK Name: Address: 1513 OCEAN SHORE BLVD. # E-9 Address: 1513 OCEAN SHORE BLVD # G-9 City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176 Title: VPD () Delete Title: (X) Change () Addition WIESE, MIKE WIESE, MIKE Name: Name: 1513 OCEAN SHORE BLVD. # E-6 1513 OCEAN SHORE BLVD. # E-6 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176 Title: () Delete Title: () Change () Addition Name: SIMPSON, KEN Name: 1513 OCEAN SHORE BLVD. # B-1 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: PΠ (X) Change () Addition CAMACHO, CIRO CAMACHO, CIRO Name: Name: 1513 OCEAN SHORE BLVD #H-1 1513 OCEAN SHORE BLVD #H-1 Address: Address: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176 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: CIRO CAMACHO PD 03/20/2008