2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N09217

1. Entity Name

1001

NAME STREET ADDRESS

CITY - ST - ZIP



FILED Jan 26, 2007 8:00 am Secretary of State

01-26-2007 90040 005 ****70.00

| | OLLAR CONDOMINIUM AS: JRNE BEACH, INC. | SOCIATION OF SOUT | П | | | | | | | |
|---|--|---|---|--|---------------------------------|----------------------------|------------|-----------------------|--------------------------|--|
| Principal Place of Business | | Mailing Addross | | | | | | | | |
| 4205 S. A1A, UNIT A MELBOURNE BEACH FL 32951 US | | 4205 S. A1A, UNIT A MELBOURNE BEACH FL 32951 US | | | | | | | | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | MATTE (MITS STREET WATE TO | ## B # | 11613 HAULI MINII MIN | 11181 81 1881 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 1st MOORE CR2E037 (10/06) | | | | | |
| City & State | | City & State | | | 4. FEI Number 59-2775685 | | | \ \-\ | plied For LApplicable | |
| Zip | Country | Zip Country | | - | 5 Cartificate of Status Desired | | | \$8.75 Add | 8.75 Additional | |
| | 6. Name and Address of Current | t Registered Agent | | | 7. Name and Add | ress of New Re | gistered A | Agent | | |
| | | | Name | | | | | - | | |
| SIPES, ROBERT LEE JR 4205 S. A1A UNIT A | | | | Street Address (P.O. Bux Number is Not Acceptable) | | | | | | |
| | LBOURNE BEACH FL 3295 | 1 | City | | | | FL | Zìp Code |) | |
| | e named entity submits this statement follows of registered agent. | or the purpose of changing its | registered office o | r registere | ed agent, or both, in | the State of Flori | da. Lam | lamiliar with, | and accept | |
| | | | | | | | -1 | 1 | | |
| SIGNATURE | ROBERT L. SIPES, 37 Signature, typed or crinited name of registered agen | R. (NOTE | Tegisty ed Agent signal | ure required | when reinstating) | 01 | / Z C | 107 | | |
| ; | FILE NOW: FEE IS \$61.25 | 9. Election Can | npaign Financing | | \$5.00 May Be | Mak | e Check | Payable | to | |
| 4. | Due By May 1, 2007 | Trust Fund Contribution. | | | Added to Fees | Florida | a Depart | tment of S | tate | |
| 10. | OFFICERS AND DI | IRECTORS | 11. | Α | DOITIONS/CHANGE | S TO OFFICER | S AND DIE | RECTORS IN | 10 | |
| 10115 | SD | ☐ Delete | TITLL | | | | | ☐ Change | Addition | |
| NAME. | SOELL, CINDY | | NAME | | | | | | | |
| STREET ADDRESS | 1200 0 11111 01111 0 | | SEÆRDDA LITELIS | | | | | | | |
| CHY-SI-ZIP | MELBOURNE BCH FL 32951 | | CHY ST ZIP | | | | | | | |
| HHIE | D | Deleie | 111(1 | MI | GUEL MIY | 'AAR | | Change | Addition | |
| NAMI | DEANGELIS, PAU L | | NAME | 42 | OS S. AIA | TTINU |) | | | |
| STREET ADDRESS CITY+ST-ZIP | 1200 0 71171 01111 12 | | STREET AODRESS CHY ST ZIP | ME | OS S. AIA | BEACH | をし | 3295 | 1 | |
| | MELBOURNE BEACH FL 32951 | | | | | | | | T Adres | |
| uiti Name | PD SIDES POSEDE | ☐ Delete | HILL | | | | | ☐ Change | Addition | |
| | SIPES, ROBERT | | | | | | | | | |
| 2272000A T.J.1012 | HOOF FACILITIES AT A | | NAME | | | | | | | |
| CHY SI ZIP | MELBOURNE BEACH FL 32951 | | CHY ST ZIP | | | No. 1 | | . | | |
| | MELBOURNE BEACH FL 32951 | ☐ Delcte | | | | | | ☐ Change | Addition | |
| CHY ST ZIP | MELBOURNE BEACH FL 32951 TD | ☐ Delete | CHY SI ZIP | | | ••• | | ☐ Change | Addition | |
| CHY ST ZIP | MELBOURNE BEACH FL 32951 TD WILLIAMS, RON | ☐ Delete | CHY ST ZIP | | | | | ☐ Change | Addition | |
| CHY ST ZIP THEF NAME | MELBOURNE BEACH FL 32951 TD WILLIAMS, RON | ☐ Delote | CHY ST ZIP THIE NAMI | | | | | ☐ Change | Addilion | |
| CHY SE ZIP THEF NAME STREET ADDRESS | MELBOURNE BEACH FL 32951 TD WILLIAMS, RON 18250 S.W. 88 PLACE | ☐ Delete | CHY ST ZIP TIME NAMI STREET ADDRESS | | | No. 1 | | ☐ Change | Addition | |
| CHY SEZIP THEF NAME STRIFT ADDRESS CHY SEZIP | MELBOURNE BEACH FL 32951 TD WILLIAMS, RON 18250 S.W. 88 PLACE | | CITY ST ZIP TITLE NAME STREET LADDRESS CITY ST ZIP TITLE NAME | | | | | <u>.</u> | | |
| CHY SEZIP THE NAME STRIET ADDRESS CHY SEZIP THU | MELBOURNE BEACH FL 32951 TD WILLIAMS, RON 18250 S.W. 88 PLACE MIAMI FL 33157 | | CHY SI ZIP TIHE NAMI SHELLADDRESS CHY SI ZIP | | | | | <u>.</u> | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

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NAME

STREET ADDRESS

CHY-ST 7IP

☐ Defete

SIGNATURE: ROBERT L. SIPES

Daylirae Phone #

☐ Change

Addition