


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT# N14861</b> 1. Entity Name <b>PARK TERRACE CONDOMINIUM ASSOCIATION OF ORANGE COUNTY, INC.</b>	
---	---

Principal Place of Business <b>124 E COLONIAL DRIVE SUITE B ORLANDO, FL 32801 US</b>	Mailing Address <b>124 E. COLONIAL DRIVE SUITE B ORLANDO, FL 32801 US</b>
---	--



01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2955748</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

<b>KELLER, KATHLEEN 124 E. COLONIAL DRIVE ORLANDO, FL 32801</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000089324  
03/15/04-80088-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLER, KATHLEEN 124 E. COLONIAL DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, RINA 21 RUE DU MONT BLANC GENEVA, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITERSDORF, JONATHAN 80 FIFTH AVE 18TH FLOOR NEW YORK, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVNAT, JOSEPH 21 RUE DU MONT BLANC GENEVA, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Kathleen Keller* Kathleen Keller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 407-849-0371  
Date Daytime Phone #