


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90051 028 \*\*\*\*61.25

<b>DOCUMENT # N19558</b>	
<b>1. Entity Name</b> MCINTYRE PLACE CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> 585 HUNTINGTON AVE. WINTER PARK, FL 32789 US	<b>Mailing Address</b> 585 HUNTINGTON AVE. WINTER PARK, FL 32789 US
---	---

<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40007797



01062007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 59-2893330	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
MARKS, ROBERT D 585 HUNTINGTON AVE. ORLANDO, FL 32801	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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> MARKS, ROBERT O		<b>NAME</b> Tony Anderson	
<b>STREET ADDRESS</b> 585 HUNTINGTON AVE		<b>STREET ADDRESS</b> 565 Huntington Ave	
<b>CITY-ST-ZIP</b> WINTER PARK, FL 32789		<b>CITY-ST-ZIP</b> WINTER PARK, FL 32789	
<b>TITLE</b> STD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MERDLER, LINDA		<b>NAME</b>	
<b>STREET ADDRESS</b> 795 MC INTRYE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> WINTER PARK, FL 32789		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MARKS, MARCIA		<b>NAME</b>	
<b>STREET ADDRESS</b> 585 HUNTINGTON AVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> WINTER PARK, FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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:** Anthony Anderson 1/23/07  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #