



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N23048 1. Entity Name 1118 SOUTH ORANGE AVENUE BUILDING CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1118 S ORANGE AVE #207 ORLANDO, FL 32806-8203 US		Mailing Address 3348 EDGEWATER DRIVE ORLANDO, FL 32804 US
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
		
		04252006 Chg-NP CRZE037 (11/05)
		4. FEI Number 59-2866101
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEMETREE, WILLIAM C DEMETREE BUILDERS, INC 3348 EGDEWATER DR. ORLANDO, FL 32804		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		U00000549313 05/13/06-80016-009 61.25 <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	VPD DEMETREE, MARY L <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, MARY L	NAME
STREET ADDRESS	3348 EDGEWATER DRIVE	STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, CHARLES R.	NAME
STREET ADDRESS	710 EAST COLONIAL DRIVE, SUITE 103	STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDEZ, M. D. ANTE	NAME
STREET ADDRESS	1118 SOUTH ORANGE AVENUE, SUITE 201	STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
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 filers empowered.		
SIGNATURE: <u>Mary Demetree</u>		Date: <u>4-25-06</u> Daytime Phone #: <u>(407) 422-8191</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		