

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N23048 1. Entity Name 1118 SOUTH ORANGE AVENUE BUILDING CONDOMINIUM ASSOCIATION, INC.	
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FILED
07 JUN 20 PM 12:56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business 1118 S ORANGE AVE #201 ORLANDO, FL 32806-8203 US	Mailing Address 3348 EDGEWATER DRIVE ORLANDO, FL 32804 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

06062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2866101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fec Required	

6. Name and Address of Current Registered Agent DEMETREE, MARY 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		Delete
TITLE	VPD	<input type="checkbox"/>
NAME	DEMETREE, MARY L	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	STEINBERG, CHARLES R.	
STREET ADDRESS	710 EAST COLONIAL DRIVE, SUITE 103	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	PD	<input type="checkbox"/>
NAME	RUDEZ, M. D. ANTE	
STREET ADDRESS	1118 SOUTH ORANGE AVENUE, SUITE 201	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	DEMETREE, MARY L.		
STREET ADDRESS	3348 EDGEWATER DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	CLARK, MICHAEL		
STREET ADDRESS	1118 S ORANGE AVENUE #202		
CITY-ST-ZIP	ORLANDO, FL 32806		
TITLE	VICE PREISDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	RUDEZ, M.D., ANTE		
STREET ADDRESS	1118 S ORANGE AVENUE #201		
CITY-ST-ZIP	ORLANDO, FL 32806		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	VEGA, M.D., WILFREDO		
STREET ADDRESS	1118 S ORANGE AVENUE #203		
CITY-ST-ZIP	ORLANDO, FL 32806		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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 like empowered.

SIGNATURE: MR Clark 6/6/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #