

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N23048			
1. Entity Name 1118 SOUTH ORANGE AVENUE BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1118 S ORANGE AVE #201 ORLANDO, FL 32806-8203 US		Mailing Address 3348 EDGEWATER DRIVE ORLANDO, FL 32804 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 JUN 20 PM 12:56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



06062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2866101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEMETREE, MARY DEMETREE BUILDERS, INC 3348 EDGEWATER DR. ORLANDO, FL 32804		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 title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEMETREE, MARY L 3348 EDGEWATER DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER DEMETREE, MARY L. 3348 EDGEWATER DRIVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINBERG, CHARLES R. 710 EAST COLONIAL DRIVE, SUITE 103 ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLARK, MICHAEL 1118 S ORANGE AVENUE #202 ORLANDO, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDEZ, M. D. ANTE 1118 SOUTH ORANGE AVENUE, SUITE 201 ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PREISIDENT RUDEZ, M.D., ANTE 1118 S ORANGE AVENUE #201 ORLANDO, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY VEGA, M.D., WILFREDO 1118 S ORANGE AVENUE #203 ORLANDO, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #