
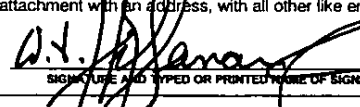


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90190 043 ****61.25

DOCUMENT # N37075 1. Entity Name OLDE TOWNE CENTRE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9703 OVERSEAS HWY MARATHON, FL 33050			Mailing Address 9703 OVERSEAS HIGHWAY MARATHON, FL 33050 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WRIGHT, THOMAS D 9711 OVERSEAS HIGHWAY MARATHON, FL 33050				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>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, THOMAS D			NAME	
STREET ADDRESS	9711 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNAN, WILLIAM J JR			NAME	
STREET ADDRESS	9703 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDTHROPE, ELIZABETH			NAME	
STREET ADDRESS	9709 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	Treasurer
NAME				NAME	Lewis, Mitchell D.
STREET ADDRESS				STREET ADDRESS	9705 Overseas Highway
CITY-ST-ZIP				CITY-ST-ZIP	Marathon, FL 33050
TITLE		<input type="checkbox"/> Delete		TITLE	Secretary
NAME				NAME	Ex, Suzanne F.
STREET ADDRESS				STREET ADDRESS	9701 Overseas Highway
CITY-ST-ZIP				CITY-ST-ZIP	Marathon, FL 33050
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 like empowered.					
SIGNATURE:  William J. Heffernan, Jr. 4/9/07 (305) 743-2288					