


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N39160 1. Entity Name ALFRENA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 23380 JANICE AVE CHARLOTTE HARBOR, FL 33980	Mailing Address 23380 JANICE AVE CHARLOTTE HARBOR, FL 33980
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DO NOT WRITE IN THIS SPACE

04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0340085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREENE, KEVIN J
 23380 JANICE AVE
 CHARLOTTE HARBOR, FL 33980

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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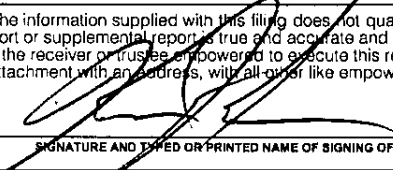
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANDIFER, TOM 1840 S COMBEE RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODARD, GARY 23380 JANICE AVE #4 PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, KEVIN 23380 JANICE AVE #6 PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/23/07-80083-009 61.25

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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:  **Kevin J. Greer** 4/30/07 941-625-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #