

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

04-06-2007 90038 045 ****61.25

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03092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N93000001646					
1. Entity Name CONDOMINIUM GARAGES OF NEW SMYRNA BEACH OWNERS' ASSOCIATION, INC.					
Principal Place of Business 624 3RD AVENUE NEW SMYRNA BEACH, FL 32168 US			Mailing Address 624 3RD AVENUE NEW SMYRNA BEACH, FL 32168 US		
2. Principal Place of Business - No P.O. Box # 454 DeSoto Dr.		3. Mailing Address 454 DeSoto Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL		4. FEI Number 59-3198017	
Zip 32169		Country US		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CAPUTO, DOMINICK 624 3RD AVENUE NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name Christine Hickman Street Address (P.O. Box Number is Not Acceptable) 454 De Soto Dr City New Smyrna Beach FL Zip Code 32169		
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 <u>Christine Hickman</u> (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	PTDS CAPUTO, DOMINICK 624 3RD AVENUE NEW SMYRNA BEACH, FL 32169 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDS Christine Hickman 454 DeSoto Dr New Smyrna Beach, FL ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MANCINI, ALFRED A 624 3RD AVENUE NEW SMYRNA BEACH, FL 32169 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Robert Hartlund 454 DeSoto Dr. New Smyrna Beach, FL 32169 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAPUTO, NANCY C 624 3RD AVENUE NEW SMYRNA BEACH, FL 32169 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Tamara Flippin 454 DeSoto Dr. New Smyrna Beach, FL 32169 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:

Christine Hickman