2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001720

1. Entity Name
APOLLO WEST CONDOMINIUM ASSOCIATION, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business 2945 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 Mailing Address

640 S WASHINGTON BLVD #200

SARASOTA, FL 34236 U



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 04272007
 No Chg-NP
 CR2E037 (4/06)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KING, JEFFREY A 2071 MAIN ST SARASOTA, FL 34237

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the putions of registered agent.	rpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE JEFFRY A. King Signature, typed or printed name of registered agent and bits it applicable. (NDTE: Registered Agent signature required when reinstating) On TE: Registered Agent signature required when reinstating)					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financir Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	rors -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUFFINO, TOM 370 LEBRUN EGGERTSVILLE, NY 14226				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PTD GILBERT, JOANNE M 640 S WASHINGTON BLVD #200 SARASOTA, FL 34236				U00000748007 05/17/07-80047-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,) DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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 accurate with an address, with all other like empowered.					