2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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changed, or on an attachment with an

SIGNATURE:

Secretary of State DOCUMENT # N94000004626 02-05-2007 90098 042 ****61.25 3071 CONDOMINIUM ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 60011533 3075 FINSTERWALD DRIVE 3075 FINSTERWALD DR TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 ŲŞ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Hin Ster Wa Suite, Apt. #, etc. Suite, Apt. #, etc 02012007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3490579 Applied For Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired BRYANC Fee Required 7. Name and Address of New Registered Agent d Address of Current Registered Agent BONVOULOIR, JAMES A Deceased 3075 FINSTERWALD DR TITUSVILLE, FL 32780 usville 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 age SIGNATURE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE PTD * Delete TITLE Change ☐ Addition Munsey, William BONVOULOIR, JAMES A NAME NAME STREET ADDRESS 3075 FINSTERWALD DR STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL CITY-ST-ZIP SD A rzillo, Calvin SD TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 3063 Finsterwalder. STREET ADDRESS 3071 FINTERWALO DR STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP Titubville, FI 32780 TITLE Delete TITLE ☐ Change ☐ Addition GIAMBANCO, GIOVANNI NAME NAME STREET ADDRESS 3067 FINSTERWALD DRIVE STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 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

resident

FILED

Feb 05, 2007 8:00 am