

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2007  
Secretary of State**

DOCUMENT# N98000001069

Entity Name: MAGUIRE PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

606 BUTLER STREET  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

606 BUTLER STREET  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 59-3498774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAUL GEROING  
606 BUTLER ST.  
WINDERMERE, FL 34786      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:      PSTD      ( ) Delete  
Name:      GERDING, PAUL  
Address:    606 BUTLER STREET  
City-St-Zip: WINDERMERE, FL 34786

Title:      VD      ( ) Delete  
Name:      GRIMES, MARC  
Address:    1345 KELSO BOULEVARD  
City-St-Zip: WINDERMERE, FL 34786

Title:      D      ( ) Delete  
Name:      SPEIGNER, GEORGE  
Address:    P.O. BOX 784082  
City-St-Zip: WINTER GARDEN, FL 34778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL GERDING

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/14/2007

\_\_\_\_\_  
Date