

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90018 026 ***150.00

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1. Entity Name
CONDO INVESTORS, INC.



Principal Place of Business
7050 PENINSULA COURT
LAKE WORTH, FL 33467

Mailing Address
7050 PENINSULA COURT
LAKE WORTH, FL 33467

40030000



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2375089
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEYENDECKER, THOMAS J
7050 PENINSULA COURT
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	LEYENDECKER, THOMAS J
STREET ADDRESS	7050 PENINSULA COURT
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DVPT
NAME	LEYENDECKER, TIMOTHY P
STREET ADDRESS	101 CHESTNUT CT.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VP
NAME	Helena Leyendecker
STREET ADDRESS	7050 Peninsula Ct
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 561-722-9250
Date Daytime Phone #

President