

**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P03000129771

1. Entity Name
SBC CONDO ASSOCIATION, INC.



Principal Place of Business
174A SEMORAN COMMERCE PLACE STE 106
APOPKA, FL 32703

Mailing Address
174A SEMORAN COMMERCE PLACE STE 106
APOPKA, FL 32703



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0811542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POST, WILLIAM A
20702 W PENNSYLVANIA AVE
DUNNELLON, FL 34431

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	P
NAME	KAISER, JOHN
STREET ADDRESS	5784 NOBT #201
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	ST
NAME	SELTZER, CHARLOTTE
STREET ADDRESS	174-A SEMORAN COMMERCE PLACE STE 106
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VP
NAME	SELTZER, CARL
STREET ADDRESS	174-A SEMORAN COMMERCE PLACE, STE A106
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000700650
04/20/07-80023-024 150.00

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

Charlotte Seltszer Secretary 4/6/07 407-889-9661
Date Daytime Phone #