

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90269 001 *****75.00
05-04-2007 90269 002 *****75.00

66013155



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
16-1699268

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

7. Name and Address of New Registered Agent

Name **JOANNA BROOKS**
Street Address **6040 S. ORANGE AVE**
City **ORLANDO** FL **32809**

DOCUMENT # P03000144666

1. Entity Name
OMEGA SENIOR DEVELOPMENT, INC.



Principal Place of Business
**4861 S. ORANGE AVE.,
SUITE B
ORLANDO, FL 32806**

Mailing Address
**4861 S. ORANGE AVE.
SUITE B
ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #
6040 S. ORANGE AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32809 Country **USA**

Zip Country

6. Name and Address of Current Registered Agent

**LELLO, CLAIRE M
4861 S. ORANGE AVE.
SUITE B
ORLANDO, FL 32806**

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 **Joanna Brooks**
(Signature of Current Registered Agent, if applicable)

(NOTE: Registered Agent Signature required for all re-statements)

4/30/07
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **MUSZYNSKI, KAREN A**
STREET ADDRESS **5357 HANSEL AVE., #B22**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE ☒ Change ☐ Addition
NAME **6040 S. ORANGE AVE.**
STREET ADDRESS **ORLANDO, FL 32809**
CITY-ST-ZIP

TITLE **PSTD** ☐ Delete
NAME **BROOKS, JOANNE F**
STREET ADDRESS **332 KASSIK CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☒ Change ☐ Addition
NAME **6040 S. ORANGE AVE.**
STREET ADDRESS **ORLANDO, FL 32809**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: **KAREN A MUSZYNSKI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (407) 857-6500
Date Extension Phone #