## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2008 8:00 am Secretary of State **DOCUMENT # P04000084332** 04-02-2008 90016 016 \*\*\*150 00 1. Entity Name NEW SMYRNA CONDO BUILDING NO. 16, INC. Mailing Address Principal Place of Business \*\*\*\*\*\*\*\*\* 1215 GESSNER DRIVE 1215 GESSNER DRIVE HOUSTON, TX 77055 HOUSTON, TX 77055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 20-1284851 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAHAM, JESSE E SR. Street Address (P.O. Box Number is Not Acceptable) 369 NORTH NEW YORK AVENUE, THIRD FLOOR WINTER PARK, FL 32789 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SILVESTRI, DAN NAME STREET ADDRESS 1215 GESSNER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77055 PS ☐ Delete TITLE X Change ☐ Addition TITLE GUILLO, TRULLI 21 KING ST W. # 809 BOX # 66 TRULLI, GUILIO NAME NAME 21 KING ST. W. #809 BOX #66 STREET ADDRESS STREET ADDRESS HAMILTON ONTARIO LEPAWT CITY-ST-ZIP CITY-ST-ZIP HAMILTON, OT 18p 4w7 TITLE ☐ Change Addition TITLE ☐ Delete PHEIGARU, JAMES NAME NAME 1215 GESSNER DR STREET ADDRESS STREET ADDRESS HOUSTON, TX 77055 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling 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: \_ AME OF SIGNING OFFICER OR DIRECTOR