## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P05000105276**

CONDOMINIUM SELECTOR, INC.



**FILED** Apr 05, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

9551 BAYMEADOWS ROAD STE 19 JACKSONVILLE, FL 32256

9551 BAYMEADOWS ROAD STE 19 JACKSONVILLE, FL 32256



03122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1247110 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEFIELD, B. THOMAS 4040 WOODCOCK DRIVE STE 202

## DO NOT WRITE

JACKSONVILLE, FL 32207				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			egistered Agen	d 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 DIREC	TORS				
TITLE	D					
NAME	STRASSENBERG, KRIST A					
STREET ADDRESS : CITY-ST-ZIP	9551 BAYMEADOWS ROAD STE 19					
	JACKSONVILLE, FL 32256					
TITLE						U00000689963 04/11/07-80056-009 150.00
NAME STREET ADDRESS						04/11/07-80056-009 150.00
CITY-ST-ZIP	•					
TITLE NAME						
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NAME					IN	THIS SPACE
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TITLE						
NAME						
STREET ADDRESS		•	1			
CITY-ST-ZIP						

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:

NAME STREET ADDRESS CITY-ST-ZIP