2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90039 034 ****61.25

1. Entity Nam	MENT # N03000007				1112000 30033 02	01.25		
•	ee of Business DN COVE LANE 33602	Mailing Address 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 33762	2		400675	PA	il	
2. Principal P	Place of Business - No P.O. Box # S. Harbau/Isl Blud · Z7	3. Mailing Address					IJ	
Suite, Apt.	1. Horida	Suite, Apt. #, etc.			ng-NP CR2E03	7 (12/06)	_	
City & Stat	602 25	City & State		4. FEI Number 20-507261	4	Applied F Not Appli		
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Additional Fee Required	ļ.	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered A	Agent		
ORTEGA-REY			Name C	Name Condominium Associates				
3001_EXE	CUTIVE DR		Street Address (P.O. Box Number is Not Acceptable)					
CLEARW) \TER_ FL 33762			-1	ur Lalande			
CLEARAN	41EN, FL 33702		City	<u>uite 270</u>		7:- 0-1-		
			City	Tampa	FL	Zip Code 3360	Z	
	named entity submits this statement for	r the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of Florida. I am f	familiar with, and ac		
trie obligat	tions of registered agent.) 0					ccept	
	-01)	/ //					ccept	
SIGNATURE	Mount 18	of MAO					ccept	
SIGNATURE	Signature, typed or printed name of registery agent of	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	DATE		- -	
SIGNATURE	Signature. typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NOTE: F	paign Financing	\$5.00 May Be	Make check	c payable to tment of State	-	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	RECTORS IN 10	- Z	
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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 englowered to execute this report as required by Chapter 617, 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 five empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #