


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N07125 1. Entity Name 5300 CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5306 CORTEZ RD., W. BRADENTON, FL 34210	Mailing Address 5306 CORTEZ RD., W. BRADENTON, FL 34210
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2619856	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWELL, CHERYL 5306 CORTEZ RD WEST #4 BRADENTON, FL 34210

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, DEARL 5306 CORTEZ RD W. #1 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER REALTY, INC 5306 CORTEZ RD W, #4 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEANERS, CORTESY 5306 CORTEZ RD., #5 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARNES, ROBERT 5306 CORTEZ RD W #3 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/07-80069-015 61.25

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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 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 like empowered.

SIGNATURE: Cheryl Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____