


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N00000000960 1. Entity Name ST. CLOUD COMMERCIAL CENTERS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4004 EDGEWATER DRIVE ORLANDO, FL 32804	Mailing Address 4004 EDGEWATER DRIVE ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-7165559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASSET REAL ESTATE INC.
4004 EDGEWATER DRIVE
ORLANDO, FL 32804

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

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YATES, HENRY C 3825 CANOE CRK RD SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JOHN 354 LAKEVIEW ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YATES, REESIE 3825 CANOE CRK RD SAINT CLOUD, FL 34769
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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: John Jones John JONES 4/24/2007 407 299-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #