

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009345**

1. Entity Name  
**OAKS COMMERCE CENTER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741**

Mailing Address  
**8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741**



02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0438701**

(Applied For)  
(Not Applicable)

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PARSONS, RAY  
8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
**PSTD  
PARSONS, RAY  
8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
PARSONS, DALE  
8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROGERS, SUSIE  
8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000316572  
04/19/05-80079-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Ray Parsons* **RAY PARSONS**

**4.14.05 407.847.4706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #