



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90466 004 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 101 PARK PLACE BLVD. Suite, Apt. #, etc. SUITE 2 City & State KISSIMMEE, FL Zip 34741 Country USA		3. Mailing Address 101 PARK PLACE BLVD. Suite, Apt. #, etc. SUITE 2 City & State KISSIMMEE, FL Zip 34741 Country USA			
4. FEI Number 20-0438701				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, RAY 8 BROADWAY, STE. 218 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL Street Address (P.O. Box Number is Not Acceptable) 101 PARK PLACE BLVD. SUITE 2 City KISSIMMEE FL Zip Code 34741		
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 <u>Leslie Hudson</u> DATE <u>3/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PSTD NAME PARSONS, RAY STREET ADDRESS 8 BROADWAY, STE. 218 CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DR. SUNIL KAKKAR STREET ADDRESS 311 W.OAK STREET CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME PARSONS, DALE STREET ADDRESS 8 BROADWAY, STE. 218 CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME DR. MUHANNAD SHAUKAT STREET ADDRESS 325 W. OAK STREET CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROGERS, SUSIE STREET ADDRESS 8 BROADWAY, STE. 218 CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		TITLE STD NAME DR. CARINA GRASSO STREET ADDRESS 335 W. OAK STREET CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>S. H. Kakkor</u> <u>4/13/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					