

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001921

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE OFFICES AT SOUTH STAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7802 KINGSPORTE PKWY STE 208-A
ORLANDO, FL 32819

New Principal Place of Business:

7802 KINGSPORTE PKWY
STE 210
ORLANDO, FL 32819

Current Mailing Address:

7802 KINGSPORTE PKWY STE 208-A
ORLANDO, FL 32819

New Mailing Address:

PO BOX 691088
ORLANDO, FL 32869

FEI Number: 20-1303430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, CLAUBER C
7802 KINGSPORTE PKWY STE 208-A
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LOPES, CLAUBER C
5512 SPRING RUN AVE
ORLANDO, FL 32819 US

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.

SIGNATURE: CLAUBER LOPES

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LOPES, CLAUBER C
Address: 5512 SPRING RUN AVE
City-St-Zip: ORLANDO, FL 32819

Title: DVS () Delete
Name: PEREIRA, LUCIA
Address: 6276 SANDCREST CIR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUBER LOPES

DPT

04/29/2005

Electronic Signature of Signing Officer or Director

Date