


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90040 031 ****61.25

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1. Entity Name
8010 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3490 N US HWY 1
 COCOA, FL 32926**

Mailing Address
**3490 N US HWY 1
 COCOA, FL 32926**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1042
 Suite, Apt. #, etc.

City & State
Cape Canaveral, FL

Zip
32920

Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2452528

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

PICKLES, TIMOTHY F
3490 N US HWY 1
COCOA, FL 32926

7. Name and Address of New Registered Agent

Name **Flagship Association Mgmt Ent. Inc**

Street Address (P.O. Box Number is Not Acceptable)
1022 Woodmere Dr.

City **Jacksonville** FL Zip Code **32210**

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 *Wendell Beukley* DATE 4/4/07

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JOHNSON, DAVID	8010 ATLANTIC AVE - # 9	CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/>
VPSD	SACCO, TONI	8010 ATLANTIC AVE - # 9	CAPE CANAVERAL, FL 32920	<input type="checkbox"/>
TD	FISCHER, CARL	P O BOX 271	CAPE CANAVERAL, FL 32920	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Kath Gordon	1022 SW 100 St.	Miami, FL 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P		5201 Ocean Beach Blvd #1	Cape Beach, FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Toni Sacco* DATE 4-4-07 DAYTIME PHONE # 302-6570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #