


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED


2007 OCT 22 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012520 1. Entity Name 8010 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3490 N US HWY 1 COCOA, FL 32926	Mailing Address P.O. BOX 1042 CAPE CANAVERAL, FL 32920
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09262007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2452528	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 FLAGSHIP ASSOCIATION MGMT ENT. INC. 4621 WOODMERE DR JACKSONVILLE, FL 32210 <i>102 Columbia Dr 204</i> <i>Cape Canaveral, FL</i> <i>32920</i>	7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACCO, TONI <input checked="" type="checkbox"/> Delete 8010 ATLANTIC AVE - # 9 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCHER, CARL <input checked="" type="checkbox"/> Delete P.O. BOX 271 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, KEITH <input type="checkbox"/> Delete 10622 SW 100 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fischer Carl <input type="checkbox"/> Delete P.O. Box 271 Cape Canaveral, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">00011400760</div> 10/26/07--01057--010 **\$61.25
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delorse Kopitas - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7725 Poinsetta Ave Cape Canaveral, FL 32920
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"/> 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: Delorse Kopitas 10/17/07 321-783-8777

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