2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012520

FILED Apr 15, 2009 Secretary of State

Entity Name: 8010 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8010 N ATLANTIC AVE 8010 N ATLANTIC AVE

CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 US

Current Mailing Address: New Mailing Address:

5505 N. ATLANTIC AVE., P.O. BOX 1042

CAPE CANAVERAL, FL 32920 COCOA BEACH, FL 32931 US

FEI Number: 59-2452528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLAGSHIP ASSOCIATION MGMT ENT. INC. 102 COLUMBIA DR #204 CAPE CANAVERAL, FL 32920

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FISHER, CARL FISCHER, CARL Name: Name:

P.O.BOX 271 Address: P.O. BOX 271 Address: CAPE CANAVERAL, FL 32920 US City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: KOPITAS, DELORSE Name: KOPITAS, DELORSE

Address: 7725 POINSETTA AVE Address: 7725 POINSETTA AVE. City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: () Delete Title: **VPD** (X) Change () Addition

GORDON, KEITH Name: GORDON, KEITH Name:

10622 SW 100 ST 10622 SW 100 ST. Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARL FISCHER PD 04/15/2009