
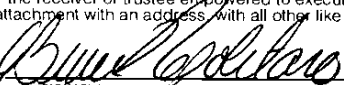


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90023 004 \*\*\*\*61.25

<b>DOCUMENT # N06000010227</b>					
1. Entity Name PARK PLACE AT HEATHROW BUILDING II COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1515 INTERNATIONAL PARKWAY SUITE 3001 LAKE MARY, FL 32746			Mailing Address 1515 INTERNATIONAL PARKWAY SUITE 3001 LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-5661041	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PELLONI, BARTON J 1515 INTERNATIONAL PARKWAY SUITE 3001 LAKE MARY, FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSTD	<input checked="" type="checkbox"/> Delete	TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLONI, BARTON J		NAME	Napolitano, Bruce	
STREET ADDRESS	1515 INTERNATIONAL PARKWAY, SUITE 3001		STREET ADDRESS	1515 International Pkwy, Suite 1025	
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP	Lake Mary, FL 32746	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLONI, BARTON J		NAME	Bertizlian, Bassem	
STREET ADDRESS	1515 INTERNATIONAL PARKWAY, SUITE 3001		STREET ADDRESS	1525 International Pkwy, Suite 4001	
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP	Lake Mary, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLONI, JAMES E		NAME	Gray Jr., John	
STREET ADDRESS	1515 INTERNATIONAL PARKWAY, SUITE 3001		STREET ADDRESS	1525 International Pkwy, Suite 4031	
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP	Lake Mary, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLONI, JUSTIN J		NAME	Zito, Andrew	
STREET ADDRESS	1515 INTERNATIONAL PARKWAY, SUITE 3001		STREET ADDRESS	1525 International Pkwy, Suite 2071	
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					