

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# N06000012239

Entity Name: 3727 GOLDENROD PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

926 GREAT POND DR., SUITE 2003  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

926 GREAT POND DR., SUITE 2003  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-8926747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KATSUR, JAMES T  
176 SHADOW BAY BLVD., SOUTH  
LONGWOOD, FL 32779 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KATSUR, JAMES T  
Address: 176 SHADOW BAY BLVD. SOUTH  
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete  
Name: GREENBERG, ANDY  
Address: 3129 CECELIA DR.  
City-St-Zip: APOPKA, FL 32703

Title: STD ( ) Delete  
Name: KATSUR, JUSTIN  
Address: 3628 ETHAN LANE  
City-St-Zip: ORLANDO, FL 32814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JAMES T. KATSUR

PD

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date