

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38459

FILED
Sep 05, 2006
Secretary of State

Entity Name: FLORIDA COMMUNITY PARTNERS, INC.

Current Principal Place of Business:

2715 W FAIRBANKS AVE
SUITE 200
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2715 W FAIRBANKS AVE
SUITE 200
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3020738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROWE, CHARLES A
2715 W FAIRBANKS AVE
SUITE 200
WINTER PARK, FL 32789 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: EDSP () Delete
Name: ROWE, CHARLES
Address: 2715 W FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: DVP () Delete
Name: TOXEY, ANDY
Address: 111 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: KOEGEL, JACK
Address: 105 LIVE OAK GARDEN
City-St-Zip: CASSELBERRY, FL 32707

Title: VP/D () Delete
Name: CARMICHAEL, BOB
Address: 390 S ORANGE AVE, SUITE 801
City-St-Zip: ORLANDO, FL 32801

Title: VPTL () Delete
Name: MCLAUGHLIN, TIMOTHY
Address: 201 EAST PINE ST SUITE 1310
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SUAZO, CRAIG
Address: 8523 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

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 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: CHARLES ROWE

EDSP

09/05/2006

Electronic Signature of Signing Officer or Director

Date