

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38459

FILED  
Mar 23, 2009  
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 ( )

**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: SUAZO, CRAIG  
Address: 8523 COMMODITY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: VPTL ( ) Delete  
Name: MCLAUGHLIN, TIMOTHY  
Address: 201 EASY 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: ( ) 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: CHARLES ROWE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

EDSP

03/23/2009

\_\_\_\_\_  
Date