

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|---|---|---|
| DOCUMENT # N06000012239 | |  | |
| 1. Entity Name 3727 GOLDENROD PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 926 GREAT POND DR., SUITE 2003 ALTAMONTE SPRINGS, FL 32714 | | Mailing Address 926 GREAT POND DR., SUITE 2003 ALTAMONTE SPRINGS, FL 32714 | |
| 2. Principal Place of Business - No P.O. Box # 1350 Orange Ave Suite, Apt. #, etc. 100 | | 3. Mailing Address 1350 Orange Ave Suite, Apt. #, etc. 100 | |
| City & State Winter Park FL | | City & State Winter Park FL | |
| Zip 32789 | Country USA | Zip 32789 | Country USA |
| 6. Name and Address of Current Registered Agent KATSUR, JAMES T 176 SHADOW BAY BLVD. SOUTH LONGWOOD, FL 32779 | | 7. Name and Address of New Registered Agent Name Attwood Phillips Inc Street Address (P.O. Box Number is Not Acceptable) 1350 Orange Ave #100 City Winter Park FL Zip Code 32789 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KATSUR, JAMES T 176 SHADOW BAY BLVD. SOUTH LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GREENBERG, ANDY 3129 CECILIA DR. APOPKA, FL 32703 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KATSUR, JUSTIN 3628 ETHAN LANE ORLANDO, FL 32814 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | 4.10.2008 407.772.5127 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |