

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 01, 2008
Secretary of State**

DOCUMENT# N20471

Entity Name: THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

601 SOUTH LAKE DESTINY ROAD
SUITE 190
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

601 SOUTH LAKE DESTINY ROAD
SUITE 190
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2965059 **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:

Name and Address of New Registered Agent:

ANDERSON, BRET
601 SOUTH LAKE DESTINY ROAD
SUITE 190
MAITLAND, FL 32751 US

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: BRETT ANDERSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, BRET
Address: 601 SOUTH LAKE DESTINY ROAD
City-St-Zip: MAITLAND, FL 32751

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

Title: VPD (X) Delete
Name: FREDERICK, JOHN
Address: 601 SOUTH LAKE DESTINY ROAD
City-St-Zip: MAITLAND, FL 32751

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

Title: SD () Delete
Name: TYSON, LAURA
Address: 601 SOUTH LAKE DESTINY ROAD
City-St-Zip: MAITLAND, FL 32751

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: BRETT ANDERSON

Electronic Signature of Signing Officer or Director

P

10/01/2008

Date