I hereby 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 all other like empowered. SIGNATURE: MARTA FERNANDEZ VP

Electronic Signature of Signing Officer/Director Detail

02/01/2016 Date

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: MARTA FERNANDEZ 02/01/2016

	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VPD	
Name	BODIN, SCOTT	Name	FERNANDEZ, MARTA	
Address	255 ALHAMBRA	Address	255 ALHAMBRA	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	SD			
Name	KNAGGS, CAROL			
Address	255 ALHAMBRA			

CORAL GABLES, FL 33134 US

City-State-Zip: CORAL GABLES FL 33134

Name and Address of Current Registered Agent:

TRANSWESTERN 255 ALHAMBRA SUITE 312

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

Current Principal Place of Business:

255 ALHAMBRA SUITE 312 CORAL GABLES, FL 33134

DOCUMENT# N20471

Current Mailing Address:

255 ALHAMBRA **SUITE 312** CORAL GABLES, FL 33134 US

FEI Number: 59-2965059

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No