

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753241

FILED
Jun 28, 2006
Secretary of State

Entity Name: INDUS COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6020 DEACON ROAD
SUITE A
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

6020 DEACON ROAD
SUITE A
SARASOTA, FL 34238

New Mailing Address:

6020 DEACON ROAD
SUITE F
SARASOTA, FL 34238

FEI Number: 59-2109641 **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:

LOIKO, WILLIAM J
210 OGDEN ST
SARASOTA, FL 34242 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: PD () Delete
Name: LOIKO, WILLIAM J
Address: 210 OGDEN ST
City-St-Zip: SARASOTA, FL 34242

Title: STD () Delete
Name: HUGHES, WILLIAM E
Address: 5232 CEDAR HAMMOK CT
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: BARBIC, TIMOTHY F
Address: 6305 MURDOCK AVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: HUGHES, WILLIAM E
Address: 312 SNAPDRAGON LOOP
City-St-Zip: BRADENTON, FL 34212

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: WILLIAM J. LOIKO

PD

06/28/2006

Electronic Signature of Signing Officer or Director

Date