

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753241

FILED
Apr 16, 2009
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 F
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 59-2109641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: BARBIC, TIMOTHY F
Address: 6305 MURDOCK AV
City-St-Zip: SARASOTA, FL 34231

Title: STD () Delete
Name: SUELLEN, LOIKO
Address: 210 OGDEN ST
City-St-Zip: SARASOTA, FL 34242

Title: VPD () Delete
Name: ALGER, RONALD
Address: 4026 ANNIE ST
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM J. LOIKO

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date