2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90008 007 ****61.25

DOCUMENT # 760691

1. Entity Name
ZOM SPRINGSIDE OFFICE CENTER I, INC.

Principal Place of Business	Mailing Address
1220 DOUGLAS AVE., #203 LONGWOOD, FL 32779 US	1220 DOUGLAS AVE., #203 LONGWOOD, FL 32779 US

DO NOT WRITE IN THIS SPACE

01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2148192
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, MITCHEL B
1220 DOUGLAS AVE., #203
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FELSING, MARLYN
STREET ADDRESS	1220 DOUGLAS AVE., #207
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	STD
NAME	KRAUSE, MITCHEL
STREET ADDRESS	1220 DOUGLAS AVE. #203
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	HORNEFFER, STEVE
STREET ADDRESS	1220 DOUGLAS AVENUE #103
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	SILVER, STANLEY
STREET ADDRESS	1220 DOUGLAS AVENUE #201
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVP
NAME	Scott Ryan
STREET ADDRESS	1220 Douglas Ave #105
CITY-ST-ZIP	Longwood, FL 32779
TITLE	D
NAME	Doug Maniscalco
STREET ADDRESS	1220 Douglas Ave #101
CITY-ST-ZIP	Longwood FL 32779

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mitchell Krause Secretary 2/25/04 407-862-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #