2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761236

FILED Mar 01, 2007 Secretary of State

Entity Name: THE OFFICE SPACE CONDOMINIUM INC

Littly Nan	ie. The Offic	SE SPACE CONDOMINION, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	GALLIE BLV ST NE, FL 329355				
Current Mailing Address:			New Mailing Address:		
	GALLIE BLV ST NE, FL 329355				
FEI Number:	59-2870180	FEI Number Applied For () FEI Nur	nber Not Appli	Olicable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:	
1250 EÁU (MELBOUR		EF US	of changing it	its registered office or registered agent, or both,	
SIGNATUR	RE:				
		Signature of Registered Agent		Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () [SIMONS, J 1250 EAU GALLI MELBOURNE, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () [GILBERT, AMY, 1250 EAU GALLI MELBOURNE, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [NI, BO-SHIH 1250 EAU GALLI MELBOURNE, FI		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HODGSON, CAROLYN 1250 EAU GALLIE BLVD MELBOURNE, FL	
Title: Name: Address: City-St-Zip:	VD ()[MEYER, WILLIAI 1250 EAU GALLI MELBOURNE, FI	E BLVD.	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition TENSLEY, MARY ANN 1250 EAU GALLIE BLVD. MELBOURNE, FL	
Title: Name: Address: City-St-Zip:	D () I JONES, CECIL S 1250 EAU GALLI MELBOURNE, FI	E BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: AMY W. GILBERT STD 03/01/2007