# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2008**
**Secretary of State**

DOCUMENT# 761236

**Entity Name:** THE OFFICE SPACE CONDOMINIUM, INC.

**Current Principal Place of Business:**

1250 EAU GALLIE BLV STE F
MELBOURNE, FL 329355386

**New Principal Place of Business:**

**Current Mailing Address:**

1250 EAU GALLIE BLV STE F
MELBOURNE, FL 329355386

**New Mailing Address:**

**FEI Number: 59-2870180** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDS, HERBERT J., JR.
1250 EAU GALLIE BLV STE F
MELBOURNE, FL 32935 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: SIMONS, J
Address: 1250 EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL

Title: STD ( ) Delete
Name: GILBERT, AMY,
Address: 1250 EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: HODGSON, CAROLYN
Address: 1250 EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL

Title: VD ( ) Delete
Name: TENSLEY, MARY ANN
Address: 1250 EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: JONES, CECIL S
Address: 1250 EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VD (X) Change ( ) Addition
Name: VARGAS, MARCOS
Address: 1250 EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL

Title: D (X) Change ( ) Addition
Name: JONES, RICHARD O
Address: 1250 EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL

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: AMY W. GILBERT STD 04/27/2008

Electronic Signature of Signing Officer or Director — Date