


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 763316 1. Entity Name CLAY STREET CENTER COMMERCIAL CONDOMINIUM NO. 1, INC.	
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Principal Place of Business 1254 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 US	Mailing Address 1254 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 US
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DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHALIFOUX, THOMAS E JR.
3500 OLD TAMPA HWY.
KISSIMMEE, FL 34741**

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

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHALIFOUX, THOMAS E JR. 3500 OLD TAMPA HWY. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHALIFOUX, CAROLYN A 3500 OLD TAMPA HWY. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COUTURE, RENE A JR. 1720 KINGS HWY KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas E. Chalifoux Jr 5/28/08 407-846-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #