


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # N00569 1. Entity Name THE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2320 N.E. 8TH RD. OCALA, FL 34470 US	Mailing Address 2320 N.E. 8TH RD. OCALA, FL 34470 US
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2437408	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAY, N. R. 2320 N.E. 8TH RD. OCALA, FL 34470

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000785016 01/16/08-80077-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KHONSARY, CYRUS 2326 NE 8TH ROAD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUSINGER, STANLEY 2322 NE 8TH ROAD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLON, JEFFREY W 2330 N E 8TH ROAD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAY, N. R. 2320 N.E. 8TH RD. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *N. Raymond Day (N. Raymond Day), Treas.* *1/13/08* *352-861-0510*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #