

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90424 001 ****61.25



DOCUMENT # N0100000595
1. Entity Name
GANESH BUSINESS PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business: **5700 DOT COM COURT OVIEDO FL 32765**
Mailing Address: **5700 DOT COM COURT OVIEDO FL 32765**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **20-1061138**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CALLAHAN, W. SCOTT
C/O STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVE STE 200
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name: **RENUKA CHAWHAN**
Street Address (P.O. Box Number is Not Acceptable): **5700 DOT COM COURT**
City: **OVIEDO** FL Zip Code: **32765**

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: *R Chawhan* DATE: **4/6/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAWHAN, RENUKA 5700 DOT COM COURT OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NATHOO, KIRAN 5700 DOT COM COURT OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAWHAN, PRAKASH 5700 DOT COM COURT OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *R Chawhan* RENUKA CHAWHAN 4/6/06 (407) 977 9436