

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001401

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: ORLANDO TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

50 E. ROBINSON ST.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1800  
ORLANDO, FL 32802

**New Mailing Address:**

1516 E. HILLCREST STREET  
SUITE 210  
ORLANDO, FL 32803

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MITCHELL, CHARLES  
FIRST CAPITAL PROPERTY GROUP, INC.  
1516 E. HILLCREST STREET  
ORLANDO, FL 32803 US

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

MITCHELL, CHARLES  
FIRST CAPITAL PROPERTY GROUP, INC.  
1516 E. HILLCREST STREET, SUITE 210  
ORLANDO, FL 32803 US

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

06/25/2009

Date

**OFFICERS AND DIRECTORS:**

Title: DP                      (X) Delete  
Name: KRAMER, WILLIAM  
Address: 50 E. ROBINSON ST.  
City-St-Zip: ORLANDO, FL 32801

Title: DV                      ( ) Delete  
Name: FOGEL, GERALD  
Address: 1735 N BROWN ROAD, SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: DT                      (X) Delete  
Name: HILBRICH, GERALDM F  
Address: 50 E. ROBINSON ST.  
City-St-Zip: ORLANDO, FL 32801

Title: DS                      ( ) Delete  
Name: HAIRE, IRENE  
Address: 50 E. ROBINSON ST  
City-St-Zip: ORLANDO, FL 32801

Title: D                      ( ) Delete  
Name: WORLEY, ELIZABETH  
Address: 50 E. ROBINSON ST.  
City-St-Zip: ORLANDO, FL 32801

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

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

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: IRENE HAIRE

Electronic Signature of Signing Officer or Director

DS

06/25/2009

Date