

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

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009205</b>	
1. Entity Name <b>THE JUNIOR STREET OFFICE COMPLEX CONDOMINIUM ASSOCIATION, INC.</b>	
Principal Place of Business <b>763 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763</b>	Mailing Address <b>763 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763</b>



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1042751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BROWN WARD SALZMAN ET AL 225 E ROBINSON ST STE 660 ORLANDO, FL 32802-2873</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. ☐ **\$5.00** May Be  
Added to Fees

**000000789824  
01/23/08-80009-009 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO AHUJA, RATAN K 759 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOLTAREL, MARK L 759 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COLLETTE, HEIDI B 759 HARLEY STRICKLAND BLVD ORANGE CITY, FL 32763
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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-08 384 774  
4777**