

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008039

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** ALAFAYA PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1850 N. ALAFAYA TRAIL  
UNIT 1B  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

1850 N. ALAFAYA TRAIL  
UNIT 1B  
ORLANDO, FL 32826

**New Mailing Address:**

**FEI Number:** 51-0483001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSE, SCOTT  
511 VALLEY STREAM DR  
GENEVA, FL 32732 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TERRANOVA, JOSEPH  
Address: 1850 N. ALAFAYA TRAIL UNIT 1B  
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete  
Name: HICKS, WILLIAM  
Address: 1850 N. ALAFAYA TRAIL UNIT 1B  
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete  
Name: ROSE, SCOTT  
Address: 511 VALLEY STREAM DR  
City-St-Zip: GENEVA, FL 32732

**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:

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: SCOTT M. ROSE

MGR

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date