

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004012

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** OLD WINTER GARDEN ROAD COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3231 OLD WINTER GARDEN RD  
SUITE 7  
ORLANDO, FL 32805

**New Principal Place of Business:**

3241 OLD WINTER GARDEN RD  
SUITE 26  
ORLANDO, FL 32805

**Current Mailing Address:**

PO BOX616278  
ORLANDO, FL 32861

**New Mailing Address:**

PO BOX 616278  
ORLANDO, FL 32861

FEI Number: 11-3719394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MYRICK, BRUCE C  
7749 MINNIE ROUSE LANE  
ORLANDO, FL 32835 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: PD ( ) Delete  
Name: MYRICK, BRUCE C  
Address: P.O. BOX 616278  
City-St-Zip: ORLANDO, FL 32861

Title: VD ( ) Delete  
Name: KERSHNER, ROBERT L  
Address: 6638 CONWAY LAKES DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: STD ( ) Delete  
Name: PAGE, MARTIN L  
Address: 8417 SAND LAKE SHORES CT.  
City-St-Zip: ORLANDO, FL 32836

**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 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: BRUCE C. MYRICK

PD

04/24/2007

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

\_\_\_\_\_  
Date