## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004012

FILED Mar 16, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 3241 OLD WINTER GARDEN RD SUITE 26 ORLANDO, FL 32805 **New Mailing Address: Current 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: Name and Address of New Registered Agent: MYRICK, BRUCE C 7749 MINNIE ROUSE LANE ORLANDO, FL 32835 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MYRICK, BRUCE C PALMIERI, ALAN R Name: Name: P.O. BOX 616278 Address: 3231 OLD WINTER GARDEN ROAD, #8 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: ORLANDO, FL 32805 Title: VD () Delete Title: (X) Change ( ) Addition KERSHNER, ROBERT L Name: BOYATT, ROBERT Name: Address: 6638 CONWAY LAKES DRIVE Address: 3239 OLD WINTER GARDEN ROAD. #9 City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32805 Title: STD () Delete Title: (X) Change ( ) Addition PAGE, MARTIN L KLEBER, APRIL Name: Name: 8417 SAND LAKE SHORES CT. 3239 OLD WINTER GARDEN ROAD, #15 Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32805 ( ) Delete Title: Title: ( ) Change (X) Addition Name: Name: BUDHRAM, DHANRAJ 3241 OLD WINTER GARDEN ROAD, #26 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32805 Title: () Delete Title: ( ) Change (X) Addition MYRICK, BRUCE C Name: Name: 7749 MINNIE ROUSE LANE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32835

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: BRUCE MYRICK D 03/16/2008