

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007974

FILED
May 02, 2007
Secretary of State

Entity Name: PARK PLACE AT HEATHROW COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1515 INTERNATIONAL PKWY
SUITE 3001
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1515 INTERNATIONAL PKWY
SUITE 3001
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-1508442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

Name and Address of New Registered Agent:

PELLONI, JAMES
725 PRIMERA BOULEVARD
SUITE 130
LAKE MARY, FL 32746 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

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PELLONI, JAMES
Address: 1515 INTERNATIONAL PKWY, STE 3001
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PELLONI, BART
Address: 1515 INTERNATIONAL PKWY, STE 3001
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PELLONI, JUSTIN
Address: 1515 INTERNATIONAL PKWY, STE 3001
City-St-Zip: LAKE MARY, FL 32746

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: LISSETTE COLON

ACCT

05/02/2007

Electronic Signature of Signing Officer or Director

Date