## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008062

FILED Apr 14, 2009 Secretary of State

Entity Name: CONSULATE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2151 CONSULATE DR. STE 06 2151 CONSULATE DR ORLANDO, FL 32837

SUITE 06

ORLANDO, FL 32837

**Current Mailing Address:** New Mailing Address:

2151 CONSULATE DR, STE 06 2151 CONSULATE DR ORLANDO, FL 32837

SUITE 06

ORLANDO, FL 32837

FEI Number: 20-1540674 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:

DUARTE, NORBERTO R DUARTE, NORBERTO R 5855 AMÉRICAN WAY 2151 CONSULATE DR ORLANDO, FL 32819 US SUITE 06

ORLANDO, FL 32837 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: 04/14/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD (X) Change ( ) Addition () Delete DUARTE, NORBERTO R DUARTE, NORBERTO R Name: Name: 5855 AMERICAN WAY Address: 2151 CONSULATE DR #06 Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32837

(X) Change ( ) Addition Title: () Delete Title: Name: BRAGA, MARIO Name: BRAGA, MARIO

Address: 5855 AMERICAN WAY Address: 2151 CONSULATE DR City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32837

Title: () Delete Title: SD (X) Change ( ) Addition

ANDRADE, MAIRA Name: ANDRADE, MAIRA Name: 5855 AMERICAN WAY 2151 CONSULATE DR # 06 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32837

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: NORBERTO R DUARTE PTD 04/14/2009