


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/1/2005-90001-020-\$61.25-\$61.25

DOCUMENT # N0400008282 1. Entity Name ROHKA CENTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

05 OCT -6 PM 1:49

SEVEN STATE
TALLAHASSEE, FLORIDA

66027011



Principal Place of Business 3061 MICHIGAN AVE KISSIMMEE, FL 34744	Mailing Address 3061 MICHIGAN AVE KISSIMMEE, FL 34744
-------------------------------------------------------------------------	-------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

09022005 Chg-NP CR2E037 (10/03)

City & State	City & State
--------------	--------------

4. FEI Number 202496528	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--------------------------------------------------------


Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent GONZALEZ, WILLIAM 3061 MICHIGAN AVE KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
-------------------------------------------------------------------------------------------------------------------	----	----------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 10/3/05

(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	President William Gonzalez 3061 Michigan Ave Kissimmee, FL 34743
NAME	Vice President Prefalina Burgos 3071 Michigan Ave Kissimmee, FL 34744
STREET ADDRESS	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 9/2/05

(NOTE: TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)