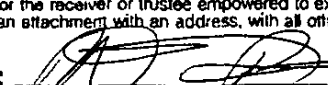


FILED

Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 042 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N04000008958 1. Entity Name DREWITINA COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811		Mailing Address 4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811			
2. Principal Place of Business - No P.O. Box # 301 S. New York Ave Suite, Apt. #, etc. c/o Hold-Thyssen Inc. Ste 200 City & State Winter Park Fla Zip 32789		3. Mailing Address 301 S. New York Ave Suite, Apt. #, etc. c/o Hold-Thyssen Inc Ste 200 City & State Winter Park, Fla Zip 32789		4. FEI Number 20-2680505 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/07)			
6. Name and Address of Current Registered Agent MILLER, SOUTH, MILHAUSEN & CARR. PA 2699 LEE ROAD, SUITE 120 WINTER PARK FL 32789			7. Name and Address of New Registered Agent Name Mike Benshoof, Pres DrewTina Assoc. Street Address (P.O. Box Number is Not Acceptable) c/o Hold-Thyssen Inc 301 S. New York Ave Ste 200 City Winter Park FL Zip Code 32789		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)					
FILE NOW - FEE IS \$61.25 Due By: May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST NEAF, ART ☒ Delete 4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811		TITLE NAME STREET ADDRESS CITY- ST- ZIP	President of Association ☐ Change ☒ Addition Mike Benshoof	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/14/08 407-447-5209 Chg Day/Time Phone #		