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

FILED
Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90008 042 ****61.25

DOCUMENT # N04000008958

1. Entity Name

DREWTINA COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811	4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
301 S. New York Ave	301 S. New York Ave
Suite, Apt. #, etc. c/o Hold-Thyssen Inc. Ste 200	Suite, Apt. #, etc. c/o Hold-Thyssen Inc Ste 200
City & State Winter Park Fla	City & State Winter Park, Fla
Zip 32789 Country USA	Zip 32789 Country USA

4. FEI Number 20-2680505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, SOUTH, MILHAUSEN & CARR. PA 2699 LEE ROAD, SUITE 120 WINTER PARK FL 32789	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 4601 S.W. 34TH STREET, SUITE 102 ORLANDO FL 32811	☒ Delete	President of Association mike Benshoof	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 5/14/08 407-447-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #