

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011106

FILED
Feb 22, 2005
Secretary of State

Entity Name: FORSYTH CENTRAL COMMERCE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MORAN & SHAMS, P.A.
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O MORAN & SHAMS, P.A.
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAMS, SIDNEY H
C/O MORAN & SHAMS, P.A.
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: SHAMS, MAURICE
Address: C/O 111 NORTH ORANGE AVE., SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: VD () Delete
Name: ZEIDWERG, ED
Address: C/O 111 NORTH ORANGE AVE., SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: STD () Delete
Name: SHAMS, SIDNEY H
Address: C/O 111 NORTH ORANGE AVE., SUITE 1200
City-St-Zip: ORLANDO, FL 32801

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 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 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: MAURICE SHAMS

P

02/22/2005

Electronic Signature of Signing Officer or Director

Date