2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N04000011106

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

Current Principal Place of Business:

5141 FORSYTH COMMERCE RD.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

5141 FORSYTH COMMERCE RD.
ORLANDO, FL 32807

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:

SHAMS, SIDNEY H
SHAMS
1075 BLACK ACRE TRAIL
WINTER SPRINGS, FL 32708 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: _____ 01/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, HUGH
Address: 5141 FORSYTH COMMERCE RD.
City-St-Zip: ORLANDO, FL 32807

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: STD (X) Change ( ) Addition
Name: SHAMS, SIDNEY H
Address: 1075 BLACK ACRE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

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: HUGH WILSON MGR 01/26/2009
Electronic Signature of Signing Officer or Director — Date