

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011480

FILED
Jan 07, 2009
Secretary of State

Entity Name: CENTRAL COMMERCE CENTER BUILDING NO. 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-2338545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741 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: LOCKHART, GERI
Address: 1121 N. CENTRAL AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: TAN, JOSEPHINE
Address: 1125 N. CENTRAL AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: STD () Delete
Name: FRITSCHIE, MILT
Address: 2639 OAK STREET
City-St-Zip: JACKSONVILLE, FL 322040

Title: PD () Delete
Name: LUCIO, JAMES
Address: 1121 N CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOROTHY ARENA

CAM

01/07/2009

Electronic Signature of Signing Officer or Director

Date