

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000976

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** CENTRAL COMMERCE CENTER BUILDING NO. 1 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:** 20-2338582

**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  
Name: BRUINSMA, DAVID  
Address: 915 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32806

Title: VPD  
Name: LARRANAGA, DR. JORGE  
Address: 1101 N. CENTRAL AVENUE  
City-St-Zip: KISSIMMEE, FL 34741

Title: STD  
Name: AVILA, DR. DUBY  
Address: 1111 N. CENTRAL AVENUE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: JORGE LARRANAGA

VPD

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date