2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000003024

1. Entity Name

EAST WEST OFFICE CONDOMINIUM I, INC.



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

1590 ISLAND LANE SUITE 28 ORANGE PARK, FL 32003 Mailing Address

1590 ISLAND LANE SUITE 28 ORANGE PARK, FL 32003



DO NOT WRITE IN THIS SPACE

03072008 No Chg-NP CR2

CR2E037 (4/06)

4. FEI Number 20-4625381

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, JOHN W 1590 ISLAND LANE SUITE 28 ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees U00000892154 04/23/08-80054-011 61.25

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10. OFFICERS AND DIRECTORS TITI F PST NAME OCONNOR, JOHN W STREET ADDRESS 1590 ISLAND LANE SUITE 28 CITY-ST-ZIP ORANGE PARK, FL 32003 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

a. W. O h John W. O

Passident

4/9/08

904/215-7575

Dale

Daytime Phone #