

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005564

FILED
Apr 30, 2009
Secretary of State

Entity Name: FORTUNE BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

28 BROADWAY AVENUE, SUITE 208
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

28 BROADWAY AVENUE, SUITE 208
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-8666878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAY, MINETTA
28 BROADWAY AVENUE, SUITE 208
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: DP () Delete
Name: BLACKFORD, DANIEL R
Address: 2219 SPRING LAKE CIRCLE
City-St-Zip: ST CLOUD, FL 34771

Title: DVST () Delete
Name: BLACKFORD, DIANE
Address: 2219 SPRING LAKE CIRCLE
City-St-Zip: ST CLOUD, FL 34772

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLACKFORD, DANIEL R
Address: 2219 SPRING LAKE CIRCLE
City-St-Zip: ST CLOUD, FL 34771

Title: VPST (X) Change () Addition
Name: BLACKFORD, DIANE
Address: 2219 SPRING LAKE CIRCLE
City-St-Zip: ST CLOUD, FL 34772

Title: D () Change (X) Addition
Name: AGOSTA, ROSALIE
Address: 1998 SIR LANCELOT CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

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: DANIEL BLACKFORD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date