

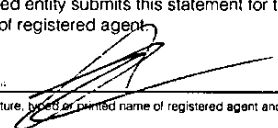



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 009 ****61.25

DOCUMENT # N05000007178 1. Entity Name COLLEGE PARK COMMONS CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 4333 SILVER STAR RD., STE. 175 ORLANDO, FL 32808			Mailing Address 4333 SILVER STAR RD., STE. 175 ORLANDO, FL 32808																										
2. Principal Place of Business - No P.O. Box # 2405 W. Princeton St Suite, Apt. #, etc. #9		3. Mailing Address 2405 W. Princeton St Suite, Apt. #, etc. suite 9																											
City & State Orlando Florida		City & State Orlando FL		4. FEI Number 20-4435282																									
Zip 32804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCNULTY, CHARLES 4333 SILVER STAR RD., STE. 175 ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/30/07																									
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. I hereby certify that the information supplied with this filing 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/30/07 4075323441 <small>Daytime Phone #</small>																									