

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05282**

1. Entity Name  
**AIRPORT COMMERCE CENTER PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

**C/O REGIONAL DEVELOPMENT GRAP INC.  
5511 HANSEL AVE.  
ORLANDO, FL 32809**

Mailing Address

**5511 HANSEL AVE.  
ORLANDO, FL 32809 US**



03232005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**52-1384938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

5. Name and Address of Current Registered Agent

**HOOKE, DOUGLAS  
5511 HANSEL AVE.  
ORLANDO, FL 32809**

**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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOOKE, DOUGLAS P  
STREET ADDRESS 5511 HANSEL AVE.  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE SD  
NAME HOOKE, MARCUS P  
STREET ADDRESS 5511 HANSEL AVE.  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE T  
NAME HOOKE, AMY  
STREET ADDRESS 5511 HANSEL AVE.  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000276437  
04/25/05-80040-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/05**

Date

**407-851-1519**

Daytime Phone #