


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90016 009 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOOKER, DOUGLAS 5511 HANSEL AVE. ORLANDO, FL 32809				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 _____					
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 September 12, 2008		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		
TITLE	PD		TITLE	Change Addition	
NAME	HOOKER, DOUGLAS P <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5511 HANSEL AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	SD		TITLE	Change Addition	
NAME	HOOKER, MARCUS P <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5511 HANSEL AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	T		TITLE	Change Addition	
NAME	BEAULIEU, AMY D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5511 HANSEL AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Change Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Change Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Change Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Douglas P. Hooker</u> <u>7/1/08</u> <u>407/851-1519</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40110291



07022008 Chg-NP CR2E037 (12/06)

4. FEI Number **52-1384938** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**